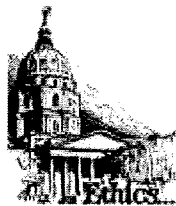


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Chiropractic Association PAC**

Address: **1334 SW TOPEKA BLVD**

Address2:

City: **TOPEKA** State: **KS** Zip: **66612**

Business Phone: **(785) 233-0697**

Email Address: **travis@kansaschiro.com**

Chairperson Name: **Brett Counselman**

Address: **1334 SW TOPEKA BLVD**

Address2:

City: **Topeka** State: **KS** Zip: **66612**

Home Telephone: Business Phone: **(785) 233-0697**

Email Address: **blcouns@hotmail.com**

Treasurer Name: **Travis Oller**

Address: **1334 SW TOPEKA BLVD**

Address2:

City: **Topeka** State: **KS** Zip: **66614**

Home Telephone: Business Phone: **(785) 224-1680**

Email Address: **travis@kansaschiro.com**

Affiliated or Name: **Kansas Chiropractic Association**

Connected Address: **1334 SW TOPEKA BLVD**

Organizations Address2:

City: **TOPEKA** State: **KS** Zip: **66612**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/13/2020 11:07:41 AM** Signature of Chairperson: **Brett Counselman**

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Business Phone: **(785) 233-0697**
Email Address: **travis@kansaschiro.com**

Chairperson Name: **Brett Counselman**
Address: **1334 SW TOPEKA BLVD**
Address2:
City: **Topeka** State: **KS** Zip: **66612**
Home Telephone: Business Phone: **(785) 233-0697**
Email Address: **travis@kansaschiro.com**

Treasurer Name: **Travis Oller**
Address: **1334 SW TOPEKA BLVD**
Address2:
City: **Topeka** State: **KS** Zip: **66612**
Home Telephone: Business Phone: **(785) 224-1680**
Email Address: **travis@kansaschiro.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Chiropractic Association**
Address: **1334 SW TOPEKA BLVD**
Address2:
City: **TOPEKA** State: **KS** Zip: **66612**

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I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **12/4/2019 11:26:26 AM** Signature of Chairperson: **Brett Counselman**

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