

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Wichita Regional Chamber Political Action Committee (WRCPAC)	
Mailing Address (Street, City, State, Zip Code) 350 West Douglas Avenue, Wichita, KS 67202	Business Telephone ( 316 ) 268-1135

CHAIRPERSON

Name Megan Bottenberg	Home Telephone ( 316 ) 785-6727
Mailing Address (Street, City, State, Zip Code) 350 West Douglas Avenue, Wichita, KS 67202	Business Telephone ( 316 ) 268-1135

TREASURER

Name Walter Berry	Home Telephone ( 316 ) 358-6902
Mailing Address (Street, City, State, Zip Code) 350 West Douglas Avenue, Wichita, KS 67202	Business Telephone ( 316 ) 268-1135

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Wichita Regional Chamber of Commerce
Mailing Address (Street, City, State, Zip Code) 350 West Douglas Avenue, Wichita, KS, 67202

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

SIGNATURE:

"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."

7-5-2023  
(Date)

Megan Bottenberg  
(Signature of Chairperson)

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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: **Wichita Regional Chamber PAC**  
Address: **350 W Douglas Ave**  
Address2:  
City: **Wichita** State: **KS** Zip: **67202**  
Business Phone: **(316) 268-1135**  
Email Address: **awiens@wichitachamber.org**

**Chairperson** Name: **Jason Cox**  
Address: **350 W Douglas Ave**  
Address2:  
City: **Wichita** State: **KS** Zip: **67202**  
Home Telephone: Business Phone: **(316) 268-1135**  
Email Address: **awiens@wichitachamber.org**

**Treasurer** Name: **Walter Berry**  
Address: **350 W Douglas Ave**  
Address2:  
City: **Wichita** State: **KS** Zip: **67202**  
Home Telephone: Business Phone: **(316) 268-1135**  
Email Address: **awiens@wichitachamber.org**

**Affiliated or Connected Organizations** Name: **Wichita Regional Chamber of Commerce**  
Address: **350 W Douglas Ave**  
Address2:  
City: **Wichita** State: **KS** Zip: **67202**

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**Business**

**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: **1/8/2021 5:31:20 PM** Signature of Chairperson: **Jason Cox**

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