

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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	KS RESTAURANT & HOSPITALITY ASSOCIATION POLITICAL ACTION COMMITTEE	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
3500 N ROCK RD, BLDG 1300	(316) 267-8383	

CHAIRPERSON

Name	ADAM R MILLS	Home Telephone	(316) 267-8383
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
3500 N ROCK RD, BLDG 1300, WICHITA, KS 67226	(316) 267-8383		

TREASURER

Name	SHEILA M THOMAS	Home Telephone	(316) 267-8383
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
3500 N ROCK RD, BLDG 1300, WICHITA, KS 67226	(316) 267-8383		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	KANSAS RESTAURANT & HOSPITALITY ASSOCIATION, INC.		
Mailing Address (Street, City, State, Zip Code)	3500 N. ROCK RD, BLDG 1300, WICHITA, KS 67226		

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."

5/29/2013

(Date)

(Signature of Chairperson)