

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY NOMINEES

(See Reverse Side For Instructions) KS Governmental Ethics Commission

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	Kansas Chamber JOBS PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
534 S Kansas Ave, Floor 14	(785)	357-6321

CHAIRPERSON

Name	Home Telephone
Christie Kriegshauser	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
534 S Kansas Ave, Floor 14	()

TREASURER

Name	Home Telephone
Christie Kriegshauser	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
534 S Kansas Ave, Floor 14	(785) 357-6321

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	
Kansas Chamber of Commerce	
Mailing Address (Street, City, State, Zip Code)	
534 S Kansas Ave, Floor 14	

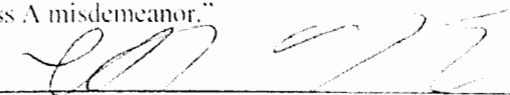
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

11/4/22

 (Date)



 (Signature of Chairperson)