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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 Rural Independent Telecoms PAC**

Address: **PO Box 4799**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 554-1343**

Email Address: **erik@ccofkansas.com**

Chairperson

Name: **Ben Foster**

Address: **P.O. Box 4799**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: Business Phone: **(785) 554-1343**

Email Address: **erik@ccofkansas.com**

Treasurer

Name: **Erik Sartorius**

Address: **PO Box 4799**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: Business Phone: **(785) 260-5086**

Email Address: **erik@ccofkansas.com**

**Affiliated or
Connected
Organizations**

Name: **Communications Coalition of Kansas**

Address: **PO Box 4799**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

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: **1/10/2024 1:42:36 PM** Signature of Chairperson: **Ben Foster**

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STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

MAY 18 2023

(See Reverse Side For Instructions) KS Governmental Ethics Commission

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Rural Independent Telecom PAC

Mailing Address (Street, City, State, Zip Code)	Business Telephone
PO Box 4799 Topeka, KS 66604	(785) 554-1343

CHAIRPERSON

Name	Home Telephone
Ben Foster	()

Mailing Address (Street, City, State, Zip Code)	Business Telephone
P.O. Box 4799, Topeka, KS 66604	()

TREASURER

Name	Home Telephone
Erik Sartorius	(785) 554-1343

Mailing Address (Street, City, State, Zip Code)	Business Telephone
PO Box 4799 Topeka, KS 66604	(785) 554-1343

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Communications Coalition of Kansas

Mailing Address (Street, City, State, Zip Code) PO Box 4799 Topeka, KS 66604

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

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."

3/22/23 (Date)

(Signature of Chairperson)