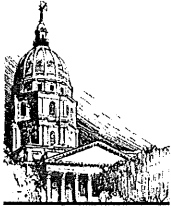


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Kansas Public Disclosure Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
<https://kpsc.kansas.gov/>

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee

Name: **Amberwave PAC**
Address: **PO Box 7654**
Address2:
City: **Overland Park** State: **KS** Zip: **66207**
Business Phone:
Email Address: **contact@amberwavepac.org**

Chairperson

Name: **Robyn McCracken**
Address: **PO Box 7654**
Address2:
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone:
Email Address: **contact@amberwavepac.org**

Treasurer

Name: **Zach McCracken**
Address: **PO Box 7654**
Address2:
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone:
Email Address: **contact@amberwavepac.org**

Affiliated or Connected Organizations

Name: **Amberwave Impact Fund**
Address: **112 SW 7th St.**
Address2: **Suite 3C**
City: **Topeka** State: **KS** Zip: **66603**

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: **10/6/2025 11:05:48 AM** Signature of Chairperson: **Robyn McCracken**

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