STATEMENT OF ORGANIZATION NOV 2 0 2003 FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee Initial Statement Amended Statement This is an (check one) COMMITTEE (PLEASE TYPE OR PRINT) Name KANSAS Chiroproctic Association Political Action Committee Mailing Address (Street, City, State, Zip Code) 1334 S.W. Topeka Blud Topeka Ks. (785) 233 - 0697 CHAIRPERSON Home Telephone (785) 478-4660 Name DR. GARY L. Course langue Mailing Address (Street, City, State, Zip Code) Topelda, HS 6401 (285) 234-0521 TREASURER Name DR. John De Grado Home Telephone (316) 283-7443 Mailing Address (Street, City, State, Zip Code) Business Telephone 216 Meridian Newton, K. 67/14 (316) 283-3550 AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. Chiropractic

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."

//-/9-03 (Date)

(Signature of Chairperson)

Governmental Ethics Commission