

MAY 26 1998

STATEMENT OF ORGANIZATION

FOR POLITICAL COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (Check one) Party Committee Political Committee
 This is an (Check one) Initial Statement Amended Statement

COMMITTEE

(Please Type or Print)

Name

Kansas Optometric Political Action Committee

Mailing Address (Street, City, State, Zip Code)

1266 SW Topeka Blvd., Topeka, KS 66612

Business Telephone

(785) 232-0225

CHAIRPERSON

Name

Jerry L. Leopold, OD

Home Telephone

(316) 241-0470

Mailing Address (Street, City, State, Zip Code)

915 N. Main, McPherson, KS 67460

Business Telephone

(316) 241-9600

TREASURER

Name

Gary L. Robbins, CAE

Home Telephone

(785) 266-6825

Mailing Address (Street, City, State, Zip Code)

1266 SW Topeka Blvd., Topeka, KS 66612

Business Telephone

(785) 232-0225

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Optometric Association

Mailing Address (Street, City, State, Zip Code)

1266 SW Topeka Blvd., Topeka, KS 66612

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."

5-21-98

(Date)

Jerry L. Leopold, OD
 Gary L. Robbins

(Signature of Chairperson)