FILED

STATEMENT OF ORGANIZATION

AUG 27 2004 STATEMENT OF C	NELEIVE
EOD DOISINGENAL ACTION COMMITTE	TEES AND PARTY COMMITTEES
SECRETARY OF STATEL ACTION COMINITY (See Reverse Side F	Governmental Ethics Commiss
This is a (check one) Party Committee	TENA, KANSAS BEE12
This is an (check one)	nt X Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)	
Name KANSAS PHARMACISTS ASSOCIATION	
Mailing Address (Street, City, State, Zip Code) 1020 S.W. FAIRLAWN RD	Business Telephone (785) 228-2327
CHAIRPERSON	
Name BRIAN CASWELL	Home Telephone (620) 856-5041
Mailing Address (Street, City, State, Zip Code) 2303 MILITARY BAXTER SPRINGS, KS 66713	Business Telephone (620) 856-5555
TREASURER	
Name DOUGLAS L. FUNK	Home Telephone (785) 243-3102
Mailing Address (Street, City, State, Zip Code) 1519 HIGHLAND DR. CONCORDIA, KS 66901	Business Telephone (785) 243-4414
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.	
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."	
7-27-04	2 - Candol
(Date) / (Sig	nature of Chairperson)
Governmental Ethics Commission	D av. 2000

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