STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee Party Committee This is a (check one) Amended Statement This is an (check one) Initial Statement (PLEASE TYPE OR PRINT) COMMITTEE Name Political Action Committee of Kansas Ophthalmologists Business Telephone Mailing Address (Street, City, State, Zip Code) c/o KSEPS-10 W. Phillip Rd., #120, Vernon Hills, IL 60061 (847 680-1666 **CHAIRPERSON** Home Telephone Name Kenneth J. Frank, MD (785 242-7654 Business Telephone Mailing Address (Street, City, State, Zip Code) (785) 242-4242 1401 S. Main St., Ottawa, KS 66067 TREASURER Home Telephone Name (847) 549-8326 Richard H. Paul Business Telephone Mailing Address (Street, City, State, Zip Code) 680-1666 10. W. Phillip Rd., Suite 120, Vernon Hills, IL 60061 (847 AFFILIATED OR CONNECTED ORGANIZATIONS Name Kansas Society of Eye Physicians & Surgeons Mailing Address (Street, City, State, Zip Code) Administrative office: 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730 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."

(Date)

(Signature of Chairperson)

Governmental Ethics Commission

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"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."

8-9-0Z (Date)

Governmental Ethics Commission

(Signature of Chairperson)

-telusiner

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