

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
DEC 19 2006

(See Reverse Side For Instructions)

Governmental Ethics Commission
100 WEST 19TH STREET
TOPEKA, KANSAS 66612

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	KC DOCS PAC Kansas	
Mailing Address (Street, City, State, Zip Code)	1600 Genessee, Suite 423	
Business Telephone	(816) 221-4646	

CHAIRPERSON

Name	Jim Kelly, MD	Home Telephone	(816) 943-1354	
Mailing Address (Street, City, State, Zip Code)	1600 Genessee Suite 423		Business Telephone	(816) 221-4646

TREASURER

Name	Rebecca Bailey	Home Telephone	(913) 422-2511	
Mailing Address (Street, City, State, Zip Code)	1600 Genessee Suite 423		Business Telephone	(816) 221-4646

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Mid America Medical Affiliates		
Mailing Address (Street, City, State, Zip Code)	1600 Genessee, Suite 423 KC MO 64102		

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."

12/17/06
(Date)

James Blodgett
(Signature of Chairperson)

FILE
JUL 19 2004
RON THORNEBURGH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

JUL 15 2004
Governmental Ethics Commission
109 WEST 9TH STREET
TOPEKA, KANSAS 66604

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name KE DOCS PAE KS WEST

Mailing Address (Street, City, State, Zip Code) 11000 Finessele #423 Kansas City MO 64102
Business Telephone (816) 221-4646

CHAIRPERSON

Name Mark Allen MD Home Telephone ()

Mailing Address (Street, City, State, Zip Code) Same Business Telephone ()

TREASURER

Name Jim Kelly MD Home Telephone ()

Mailing Address (Street, City, State, Zip Code) Same Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Mid America medical affiliates

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

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

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7/14/04
(Date)

Deborah Bailey For Mark Allen MD
(Signature of Chairperson)