

FILED

DEC 13 2007

RON THORNBURGH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Kansas Chiropractic Association Political Action Committee

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

1334 S.W. Topeka Blvd
Topeka, Ks 66612

Business Telephone

(785) 237-0697

CHAIRPERSON

Name

Gary L. Counselman, DC

Home Telephone

(785) 246-0888

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

1408 S.W. Topeka Blvd. Topeka, Ks 66612

Business Telephone

(785) 234-0521

TREASURER

Name

Paul A. Brackeen, DC

Home Telephone

()

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

620 N. Rock Rd #150 Derby, Ks 67037

Business Telephone

(316) 789-8100

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.

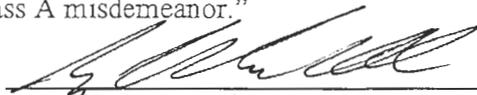
Chiropractic Health Care.

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."

12-11-07

(Date)


(Signature of Chairperson)

JUL 31 2007

STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Chiropractic Association Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1334 S.W. Topoka Blvd	(785) 233-0697	

CHAIRPERSON

Name	Home Telephone
Gary L. Counselman DC	(785) 246-0888
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1408 S.W. Topoka Blvd	(785) 234-0521

TREASURER

Name	Home Telephone
SAME	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
	()

AFFILIATED OR CONNECTED ORGANIZATIONS

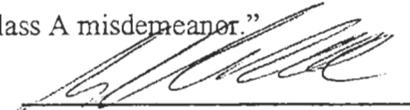
Name
Mailing Address (Street, City, State, Zip Code)

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."

7/31/07
(Date)


(Signature of Chairperson)

FILED

NOV 21 2003

TOPEKA, KANSAS
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

RECEIVED

NOV 20 2003

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

Governmental Ethics Commission
109 WEST 9TH STREET
TOPEKA, KANSAS 66612

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" 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	Kansas Chiropractic Association Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	66612 Business Telephone	
1334 S.W. Topeka Blvd Topeka, Ks	(785) 233 - 0697	

CHAIRPERSON

Name	Dr. Gary L. Couseman	Home Telephone	(785) 478-4660
Mailing Address (Street, City, State, Zip Code)	1408 S.W. Topeka Blvd Topeka, Ks	66612 Business Telephone	(785) 234-0521

TREASURER

Name	Dr. John DeGrado	Home Telephone	(316) 283-7443
Mailing Address (Street, City, State, Zip Code)	216 Meridian Newton, Ks.	67114 Business Telephone	(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."

11-19-03
(Date)


(Signature of Chairperson)