

MAY 26 1998

STATEMENT OF ORGANIZATION

FOR POLITICAL COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

Handwritten notes: COPY, FILE, etc.

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)

Handwritten signature of Jerry L. Leopold, OD
Handwritten signature of Gary L. Robbins
(Signature of Chairperson)