FILED
JUN 07 2006
RON THORNBURGH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	☐ Party Committee	☑ Political Action Committee
This is an (check one)	☑ Initial Statement	☐ Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name: KANSAS INDEPENDENT PHARMACY PAC

Mailing Address (Street, City, State, Zip Code): 1020 SW FAIRLAWN RD, TOPEKA, KS 66604

Business Telephone: (785) 228-1695

CHAIRPERSON

Name: CHRIS DIXON

Home Telephone: (620) 376-4068

Mailing Address (Street, City, State, Zip Code): 422 BROADWAY, TRIBUNE, KS 67879

Business Telephone: (620) 376-4224

TREASURER

Name: PETER STERN

Home Telephone: (785) 234-6061

Mailing Address (Street, City, State, Zip Code): 1020 SW FAIRLAWN RD, TOPEKA, KS 66604

Business Telephone: (785) 228-1695

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: KANSAS INDEPENDENT PHARMACY SERVICE CORPORATION

Mailing Address (Street, City, State, Zip Code): 1020 SW FAIRLAWN RD, TOPEKA, KS 66604

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."

5/30/06
(Date)

(Signature of Chairperson)