

### STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

MAY 06 2013

(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

KS Governmental Ethics Commission

### COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Independent Pharmacy Service Corporation PAC	
Mailing Address (Street, City, State, Zip Code)	4125 SW Gage Center Dr, Ste 203 Topeka, KS 66604	
Business Telephone	(785) 228 1695	

### CHAIRPERSON

Name	Jeff Sigler	Home Telephone	(785) 842 2433
Mailing Address (Street, City, State, Zip Code)	4525 W. 6th St., Ste 104, Lawrence, KS 66049		
Business Telephone	(785) 842 1225		

### TREASURER

Name	Peter Stern	Home Telephone	(785) 234 6061
Mailing Address (Street, City, State, Zip Code)	4125 SW Gage Center Dr., Ste 203, 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)	4125 SW Gage Center Dr., Ste 203, 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."

5-6-13  
(Date)

  
(Signature of Chairperson)

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

CL-R.D. - JR.

(Signature of Chairperson)