

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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(See Reverse Side For Instructions)

This is a (check one)

☐

Party Committee

☒

Political Action Committee

KS Governmental Ethics Commission

This is an (check one)

☐

Initial Statement

☒

Amended Statement

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

Business Telephone

(785) 228 1695

Topeka, KS 66604

CHAIRPERSON

Name

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Home Telephone

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

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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

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Initial Statement

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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

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Name

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AFFILIATED OR CONNECTED ORGANIZATIONS

Name

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5/30/06

(Date)

CL-R.D. - JR.

(Signature of Chairperson)