

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 type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

RECEIVED

JUN 27 2014

COMMITTEE

(PLEASE TYPE OR PRINT)

KS Governmental Ethics Commission

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

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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."

6/26/14
(Date)


(Signature of Chairperson)

APR 30 1998

MAY 26 1998

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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

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CHAIRPERSON

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5-21-98

(Date)

Jerry L. Leopold, OD
 Gary L. Robbins

(Signature of Chairperson)