# STATEMENT OF ORGANIZATION

# FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| _                            |   | (See Reverse Side For       | Instructions)                        | received                      |
|------------------------------|---|-----------------------------|--------------------------------------|-------------------------------|
|                              | This is a (check one)                         | . Party Committee           | Political Action Committee           | į                             |
|                              | This is an (check one)                        | Initial Statement           | Amended Statement                    | JUN 27 2014                   |
| COMMITTEE                    |   | (PLEASE TYPE OF             | R PRINT) ve 6                        | overnmental Etnics Commission |
| Name Kansas                  | Optometric Politic                            | al Action Committee         |                                      |                               |
|                              | s (Street, City, State,<br>beka Blvd., Topeka |                             | Business Telephone<br>(785) 232-0225 |                               |
| CHAIRPERSO                   | N   |                             |                                      |                               |
| Name<br>Wesley               | E. Garton, OD                                 |                             | Home Telephone ( 316 ) 733-5443      |                               |
|                              | s (Street, City, State,<br>eca, Wichita, KS 6 |                             | Business Telephone (316 ) 264-7300   |                               |
| TREASURER                    | ·   |                             |                                      |                               |
| Name<br>Gary L.              | Robbins, CAE                                  |                             | Home Telephone<br>( 785 ) 266-2651   |                               |
| Mailing Addres<br>1266 SW To | s (Street, City, State,<br>opeka Blvd., Topek | Zip Code)<br>a, KS 66612    | Business Telephone<br>(785) 232-0225 |                               |
| AFFILIATED (                 | OR CONNECTED O                                | RGANIZATIONS                |                                      |                               |
| Name<br>Kansas               | Optometric Assoc                              | ation                       |                                      |                               |
| _                            | s (Street, City, State,<br>oeka Blvd., Topeka | •                           |                                      |                               |
| If not connected or          | affiliated with an org                        | anization, identify the tra | ade, profession, or primary interest | of the contributors.          |
|                              |   |                             |                                      |                               |
| SIGNATURE:                   | is statement has been                         | examined by me and i        | to the best of my knowledge and      |                               |
| belief is true, cor          | rect and complete. I                          | understand that the int     | entional failure to file this docur  | •                             |
| ,                            | īling a false documei<br>/ , , /              | nt is a class A mysdeme     | eaper."                              |                               |
| (Date)                       | 17  | (Signat                     | ure of Champerson)                   |                               |
| Governmental Et              | hics Commission                               |                             |                                      | Rev.2000                      |

## STATEMENT OF ORGANIZATION

# FOR POLITICAL COMMITTEES AND PARTY COMMITTEES

| (See Reverse Sid | e For In | structions) |
|------------------|----------|-------------|
|------------------|----------|-------------|

| This is a (Check one)  | Party Committee   | X Political Committee |
|------------------------|-------------------|-----------------------|
| This is an (Check one) | Initial Statement | X Amended Statement   |

COMMITTEE

## (Please Type or Print)

| Name<br>Kansas Optometric Political Action Comm   | ittee |                                     |
|---|-------|-------------------------------------|
| Mailing Address (Street, City, State, Zip Code)<br>1266 SW Topeka Blvd., Topeka, KS 66612 |       | Business Telephone<br>785) 232-0225 |

#### CHAIRPERSON

| Name Jerry L. Leopold, OD                    | 104   | Home Telephone<br>(31) 241-0470 |
|--|-------|---------------------------------|
| Mailing Address (Street, City, State, Zip Co | ode)  | Business Telephone              |
| 915 N. Main, McPherson, KS                   | 67460 | (316 241-9600                   |

#### TREASURER

| Name  | Home Telephone           |
|---|--------------------------|
| Gary L. Robbins, CAE                            | (785) 266-6825           |
| Mailing Address (Street, City, State, Zip Code) | 66612 Business Telephone |
| 1266 SW Topeka Blvd., Topeka, KS                | (785) 232-0225           |

### AFFILIATED OR CONNECTED ORGANIZATIONS

| Name<br>Kansas Optometric Association           |       |
|---|-------|
| Mailing Address (Street, City, State, Zip Code) | 20010 |
| 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."

(Signature of Chairperson)