

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(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

JUN 26 2009

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Political Action Committee of Kansas Ophthalmologists	
Mailing Address (Street, City, State, Zip Code)	c/o KSEPS 10 W. Phillip Rd., #120, Vernon Hills IL 60061	
Business Telephone	(847) 680-1666	

CHAIRPERSON

Name	Michael Stiles, MD	Home Telephone	(913) 469-9038	
Mailing Address (Street, City, State, Zip Code)	7200 W. 129th St., Overland Park, KS 66213		Business Telephone	(913) 897-9299

TREASURER

Name	Richard H. Paul	Home Telephone	(847) 549-8326	
Mailing Address (Street, City, State, Zip Code)	417 Albany Lane, Vernon Hills, IL 60061		Business Telephone	(847) 680-1666

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Society of Eye Physicians & Surgeons		
Mailing Address (Street, City, State, Zip Code)	Administrative Office: 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730		

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."

6-17-09

(Date)


(Signature of Chairperson)