STATEMENT OF ORGANIZATION

KRIS W. KOB SECRETARY O	O II II	(See Reverse Side For		RECEIV
SECILLIAN	This is a (check one)	Party Committee	Political Action Committee	JAN 127
<u> </u>	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE	·	(PLEASE TYPE O	R PRINT)	
^{Name} Kansas	s Independent Pha	rmacy PAC		
	ss (Street, City, State Gage Center Dr., So	, Zip Code) uite 203, Topeka, KS	Business Telephone 66604 (785) 228-1695	
CHAIRPERSO	N			
Name Michae	el F. Dandurand		Home Telephone (316) 634-0326	
	ss (Street, City, State tral, Wichita, KS 6		Business Telephone (316) 685-2353	
ΓREASURER				
Name Peter S	Stern		Home Telephone (785) 234-6061	
Mailing Addres 4125 S.W.	ss (Street, City, State Gage Center Dr.,S	, Zip Code) uite 203, Topeka, KS	Business Telephone 6 66604 (785) 228-1695	
AFFILIATED (OR CONNECTED (ORGANIZATIONS		
Name Kansas	s Independent Pha	rmacy Service Corpo	pration	
-	ss (Street, City, State Sage Center Dr., S	e, Zip Code) uite 203, Topeka, KS	66604	
not connected o	or affiliated with an or	ganization, identify the to	rade, profession, or primary interest of	the contributors.
elief is true, co	rrect and complete.	•	to the best of my knowledge and atentional failure to file this docume eanor."	nt
(Date)	<u>5</u>	Signs	ture of Chairperson)	
1174107		Apigna	care or chairperson,	

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee Pental Ethics Commission This is an (check one) Initial Statement Amended Statement (PLEASE TYPE OR PRINT) COMMITTEE KANSAS INDEPENDENT PHARMACY PAC Mailing Address (Street, City, State, Zip Code)

4/25 S.W. GAGE CENTRE DR., SULTE 203, TOPENA, KS. (664 175) 228-1695 **CHAIRPERSON** Home Telephone Name RICHARD A. BIEBER (620) 793-9010 Mailing Address (Street, City, State, Zip Code)

318 PLENT DRIVE, GRENT BEND, KS 67530 Business Telephone TREASURER Name Home Telephone PETER STERN (185) 234-6061 Mailing Address (Street, City, State, Zip Code) Business Telephone 4125 GAGE CENTER DR., SULTE 203, TOREYA, KS. 66604 785) 228-1695 AFFILIATED OR CONNECTED ORGANIZATIONS Name LANSAS ENDEPENDENT PHARMACY SERVICE CORPORATION Mailing Address (Street, City, State, Zip Code) 4125 S.W. GAGE CENTER DR., SWETE 203, TOPERA, 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. (Signature of Chairperson)

Rev.2000

Governmental Ethics Commission

STATEMENT OF ORGANIZATION

RECEIVE FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE	S
MAY 06 20 (See Reverse Side For Instructions))13
KS Government of	e Committee
	s Commission
This is an (check one) Initial Statement Amended Statement	i
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Kansas Independent Pharmacy Service Corporation PAC.	", e
Mailing Address (Street City State Zin Code) Business Telephone	} }
4125 SW Grage Center Dr. Ste 203 (785) 228 1695 Topeka, KS 66604	
CHAIRPERSON	
Name Jeff Sigler Home Telephone (785) 842 2433	
Mailing Address (Street, City, State, Zip Code) Business Telephone 4525 W. Lt. St., Ste 104, Lawrence, KS LLOYG (785) 842 1225	
TREASURER	
Name Home Telephone (785) 234 6061	
Mailing Address (Street, City, State, Zip Code) Business Telephone 412\$ SW Gage Center Dr., Ste 203, Topkka, KS 6604 (?85) 228/695	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas Independent Pharmacy Service Corporation	
Mailing Address (Street, City, State, Zip Code) 4175 SW Gage Center Dr., Ste. 203, Topelea, KS 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contra	ibutors.
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."	
(Date) (Signature of Chairperson)	
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