

FILED

JUL 25 2016

KRIS W. KOBACH  
SECRETARY OF STATESTATEMENT 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

## COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Pharmacists Association Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
1020 SW Fairlawn Rd., Topeka, KS 66604Business Telephone  
( 785 ) 228-2327

## CHAIRPERSON

Name  
Jody ReelHome Telephone  
( 785 ) 285-1253Mailing Address (Street, City, State, Zip Code)  
308 Harrison Street Sabetha, KS 66534Business Telephone  
( 785 ) 284-3414

## TREASURER

Name  
Nathan RockersHome Telephone  
( 913 ) 980-1410Mailing Address (Street, City, State, Zip Code)  
23937 Eagle Court, Paola Kansas 66071Business Telephone  
( 913 ) 294-2715

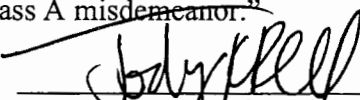
## AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Kansas Pharmacists AssociationMailing Address (Street, City, State, Zip Code)  
1020 SW Fairlawn Rd., 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."

7/16 7/19/16  
(Date)  
(Signature of Chairperson)

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(See Reverse Side For Instructions)

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☐

Initial Statement

☒

Amended Statement KS Governmental Ethics Commission

JUL 19 2016

## COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Pharmacists Association (KPhA) PAC

Mailing Address (Street, City, State, Zip Code)  
1020 SW Fairlawn Road, Topeka, KS 66604Business Telephone  
(785 ) 228-2327

## CHAIRPERSON

Name Jody Reel

Home Telephone  
( )Mailing Address (Street, City, State, Zip Code)  
308 Harrison St., Sabetha, KS 66534Business Telephone  
(785 ) 285-1257

## TREASURER

Name Nate Rockers

Home Telephone  
( )Mailing Address (Street, City, State, Zip Code)  
304 Baptiste Dr., Paola, KS 66071Business Telephone  
(913 ) 294-2715

## AFFILIATED OR CONNECTED ORGANIZATIONS

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07/15/16

(Date)

*Jody Reel*  
(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee  
This is an (check one) ☐ Initial Statement ☐ Amended Statement

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JUN 11 2011

KRIS W. KOBACH  
SECRETARY OF STATE

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Pharmacists Association (KPhA) PAC

Mailing Address (Street, City, State, Zip Code)  
1020 SW Fairlawn Rd., Topeka, KS 66604

Business Telephone  
( 785 ) 228-2327

### CHAIRPERSON

Name Michael F. Larkin

Home Telephone  
( 785 ) 217-7105

Mailing Address (Street, City, State, Zip Code)  
1020 SW Fairlawn Rd., Topeka, KS 66604

Business Telephone  
( 785 ) 228-2327

### TREASURER

Name John Kollhoff

Home Telephone  
( 785 ) 760-3361

Mailing Address (Street, City, State, Zip Code)  
1804 Faith Ave., Abilene, KS 67410

Business Telephone  
( 785 ) 238-1000

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Pharmacists Association

Mailing Address (Street, City, State, Zip Code)  
1020 SW Fairlawn Rd., Topeka, KS 66604

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June 11 '11  
(Date)

  
(Signature of Chairperson)