

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

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Independent Pharmacy PAC

Mailing Address (Street, City, State, Zip Code)
3512 SW Fairlawn, Rd Ste 300, Topeka, KS 66614

Business Telephone
(785) 228-1695

CHAIRPERSON

Name Lori Murdock

Home Telephone
(913) 583-1117

Mailing Address (Street, City, State, Zip Code)
3512 SW Fairlawn, Rd Ste 300, Topeka, KS 66614

Business Telephone
(785) 228-1695

TREASURER

Name Peter Stern

Home Telephone
(785) 213-2968

Mailing Address (Street, City, State, Zip Code)
3512 SW Fairlawn, Rd Ste 300, Topeka, KS 66614

Business Telephone
(785) 228-1695

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Independent Pharmacy Service Corp

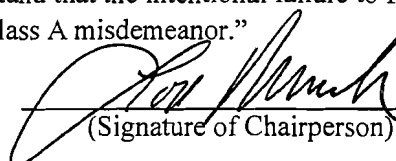
Mailing Address (Street, City, State, Zip Code)
3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614

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."

5-18-17
(Date)


(Signature of Chairperson)

RECEIVED

JUL 08 2016

KS Governmental Ethics Commission

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name **Kansas Independent Pharmacy PAC**

Mailing Address (Street, City, State, Zip Code) 3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614	Business Telephone (785) 228-1695
--	--

CHAIRPERSON

Name Mike Dandurand	Home Telephone (316) 634-0326
----------------------------	--

Mailing Address (Street, City, State, Zip Code) 3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614	Business Telephone (785) 228-1695
--	--

TREASURER

Name Peter Stern	Home Telephone (785) 213-2968
-------------------------	--

Mailing Address (Street, City, State, Zip Code) 3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614	Business Telephone (785) 228-1695
--	--

AFFILIATED OR CONNECTED ORGANIZATIONS

Name **Kansas Independent Pharmacy Service Corporation**

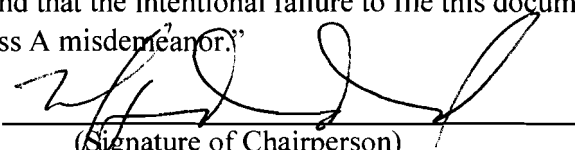
Mailing Address (Street, City, State, Zip Code)
3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614

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."

6/29/12
(Date)


(Signature of Chairperson)

RECEIVED

JUN 27 2016

STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

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 Independent Pharmacy PAC

Mailing Address (Street, City, State, Zip Code)

3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614

Business Telephone

(785) 228-1695

CHAIRPERSON

Name

Michael F. Dandurand

Home Telephone

(316) 634-0326

Mailing Address (Street, City, State, Zip Code)

7732 E Central, Wichita, KS 67206

Business Telephone

(316) 685-2353

TREASURER

Name

Peter Stern

Home Telephone

(785) 213-2968

Mailing Address (Street, City, State, Zip Code)

3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614

Business Telephone

(785) 228-1695

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Independent Pharmacy Service Corporation

Mailing Address (Street, City, State, Zip Code)

3512 SW Fairlawn Rd, Ste 300, Topeka, KS 66614

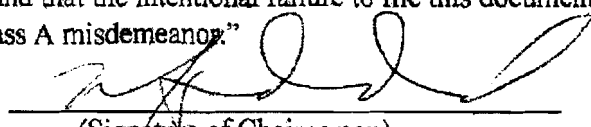
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

06/27/2016

(Date)


 (Signature of Chairperson)

FILED

JAN 13 2015

KRIS W. KOBACH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

JAN 12 2015

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☐

Initial Statement

☐

Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Independent Pharmacy PAC

Mailing Address (Street, City, State, Zip Code) Business Telephone
4125 S.W. Gage Center Dr., Suite 203, Topeka, KS 66604 (785) 228-1695

CHAIRPERSON

Name Home Telephone
Michael F. Dandurand (316) 634-0326

Mailing Address (Street, City, State, Zip Code) Business Telephone
7732 E. Central, Wichita, KS 67206 (316) 685-2353

TREASURER

Name Home Telephone
Peter Stern (785) 234-6061

Mailing Address (Street, City, State, Zip Code) Business Telephone
4125 S.W. Gage Center Dr., Suite 203, Topeka, KS 66604 (785) 228-1695

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Independent Pharmacy Service Corporation

Mailing Address (Street, City, State, Zip Code)
4125 S.W. Gage Center Dr., Suite 203, 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."

(Date)

1/10/15

(Signature of Chairperson)

