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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Pharmacists Association - PAC**

Address: **1020 SW Fairlawn Rd**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 228-2327**

Email Address: **aaron@ksrx.org**

Chairperson Name: **Jody Reel**

Address: **308 Hampton St**

Address2:

City: **Sabetha** State: **KS** Zip: **66534**

Home Telephone: Business Phone:

Email Address: **jodyreel@gmail.com**

Treasurer Name: **Nate Rockers**

Address: **23937 Eagle Court**

Address2:

City: **Paola** State: **KS** Zip: **66071**

Home Telephone: Business Phone:

Email Address: **nate@rockersrx.com**

Affiliated or Name: **Kansas Pharmacists Association**

Connected Address: **1020 SW Fairlawn Rd**

Organizations Address2:

City: **Topeka** State: **KS** Zip: **66604**

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

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.

Executed on:

Date: **7/30/2018 3:31:23 PM** Signature of Chairperson: **Aaron Dunkel for Jody Reel**

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JUL 25 2016

KRIS W. KOBACH
SECRETARY OF STATE

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

CHAIRPERSON

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

TREASURER

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

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Pharmacists Association
Mailing 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."

7/19/16
(Date)

Jody Reel
(Signature of Chairperson)