

# 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

**FILED**

JAN 23 2019

SCOTT SCHWAB  
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Independent Pharmacy PAC

Mailing Address (Street, City, State, Zip Code) Business Telephone  
3512 S. W. Fairlawn Road, Suite 300, Topeka, KS 66614 ( 785 ) 228-1695

CHAIRPERSON

Name Home Telephone  
Jake Windscheffel ( 785 ) 282-1183

Mailing Address (Street, City, State, Zip Code) Business Telephone  
3512 S.W. Fairlawn Road, Suite 300, Topeka, KS 66614 ( 785 ) 228-1695

TREASURER

Name Home Telephone  
Peter Stern ( 785 ) 213-2968

Mailing Address (Street, City, State, Zip Code) Business Telephone  
3512 S.W. Fairlawn Road, Suite 300, Topeka, KS 66614 ( 785 ) 228-1695

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Currus, Inc. (f/k/a Kansas Independent Pharmacy Service Corporation)

Mailing Address (Street, City, State, Zip Code)  
3512 S.W. Fairlawn Road, Suite 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."

1/15/19  
(Date)

(Signature of Chairperson)

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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

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5-18-17  
(Date)

(Signature of Chairperson)