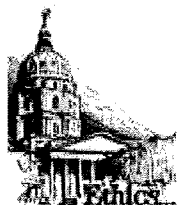


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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: **Political Action Committee of Kansas Ophthalmologists**

Address: **c/o KSEPS - 10 W. Phillip Rd.**

Address2: **Suite 120**

City: **Vernon Hills** State: **IL** Zip: **60061**

Business Phone: **(800) 838-3627**

Email Address: **rich@kansaseyemd.org**

Chairperson

Name: **Eric Fry**

Address: **310 E. Walnut St.**

Address2: **Suite 101**

City: **Garden City** State: **KS** Zip: **67846**

Home Telephone: Business Phone: **(620) 275-7248**

Email Address: **rich@richardpaulassociates.com**

Treasurer

Name: **Ricahrd Paul**

Address: **10 W Phillip Rd.**

Address2: **Suite 120**

City: **Vernon Hills** State: **IL** Zip: **60061-1730**

Home Telephone: **(847) 571-6585** Business Phone: **(847) 680-1666**

Email Address: **rich@kansaseyemd.org**

Affiliated or

Name: **Kansas Society of Eye Physicians & Surgeons**

Connected

Address: **10 W Phillip Rd.**

Organizations

Address2: **Suite 120**

City: **Vernon Hills** State: **IL** Zip: **60061-1730**

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: **10/16/2020 3:10:57 PM** Signature of Chairperson: **Eric Fry MD**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(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

JUN 26 2009

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Political Action Committee of Kansas Ophthalmologists	
Mailing Address (Street, City, State, Zip Code)	c/o KSEPS 10 W. Phillip Rd., #120, Vernon Hills IL 60061	
Business Telephone	(847) 680-1666	

CHAIRPERSON

Name	Michael Stiles, MD	Home Telephone	(913) 469-9038	
Mailing Address (Street, City, State, Zip Code)	7200 W. 129th St., Overland Park, KS 66213		Business Telephone	(913) 897-9299

TREASURER

Name	Richard H. Paul	Home Telephone	(847) 549-8326	
Mailing Address (Street, City, State, Zip Code)	417 Albany Lane, Vernon Hills, IL 60061		Business Telephone	(847) 680-1666

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Society of Eye Physicians & Surgeons		
Mailing Address (Street, City, State, Zip Code)	Administrative Office: 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730		

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."

6-17-09
(Date)


(Signature of Chairperson)