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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 Independent Pharmacy**
Address: **3512 sw Fairlawn Rd**
Address2: **Ste 300**
City: **Topeka** State: **KS** Zip: **66614**
Business Phone: **(785) 228-1695**
Email Address: **finance@currusrx.com**

Chairperson Name: **Scott Patterson**
Address: **3512 SW Fairlawn Rd**
Address2: **Ste 300**
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: Business Phone:
Email Address: **finance@currusrx.com**

Treasurer Name: **Morgan Buntin**
Address: **3512 SW Fairlawn Rd**
Address2: **Ste 300**
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: Business Phone:
Email Address: **finance@currusrx.com**

**Affiliated or
Connected
Organizations** Name:
Address:
Address2:

City: State: Zip:

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

Independent Pharmacies throughout the state of Kansas

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: **1/6/2021 8:39:06 AM** Signature of Chairperson: **Scott Patterson**

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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 type="checkbox"/> Amended Statement

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NOV 22 2020

KS Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name **Kansas Independent Pharmacy PAC**

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

CHAIRPERSON

Name	Home Telephone
Scott Patterson	(785) 630-0311

Mailing Address (Street, City, State, Zip Code)	Business Telephone
204 Frederick Clay Center, KS 67432	(785) 632-3115

TREASURER

Name	Home Telephone
Robert Tinsley	(785) 760-1966

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

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

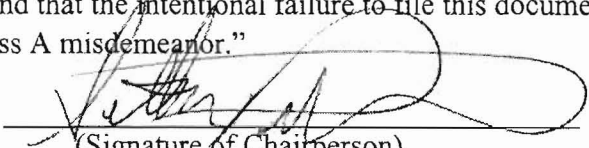
Mailing Address (Street, City, State, Zip Code)

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11/17/20
(Date)


(Signature of Chairperson)

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KS Governmental Ethics Commission

(See Reverse Side For Instructions)

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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 66614Business Telephone
(785) 228-1695

CHAIRPERSON

Name Chris Mondero

Home Telephone
(785) 798-7053Mailing Address (Street, City, State, Zip Code)
325 Roosevelt Ave Beloit, KS 67420Business Telephone
(785) 738-2285

TREASURER

Name Robert Tinsley

Home Telephone
(785) 760-1966Mailing Address (Street, City, State, Zip Code)
5401 Rock Chalk Dr, #5-104 Lawrence, KS 66049Business Telephone
(785) 228-1695

AFFILIATED OR CONNECTED ORGANIZATIONS

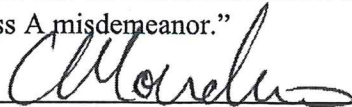
Name

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

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01/02/20
(Date)
(Signature of Chairperson)

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COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Independent Pharmacy PAC

Mailing Address (Street, City, State, Zip Code)
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(785) 228-1695

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Name Chris Mondero

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AFFILIATED OR CONNECTED ORGANIZATIONS

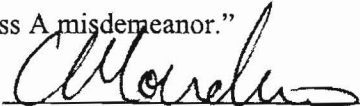
Name

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

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01/02/20
(Date)
(Signature of Chairperson)

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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

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SIGNATURE:

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1/15/19
(Date)

(Signature of Chairperson)