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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	Name:
Connected	Address:
Organizations	Address2:
	City: State: Zip:
	If not connected or affiliated with an organization, identify the trade, profession, or primary
	interest of the contributors.
T 1	Independent Pharmacies throughout the state of Kansas
	this statement has been examined by me and to the best of my knowledge and belief is true, omplete. I understand that the intentional failure to file this document or intentionally filing
correct and co	implete. I understand that the intentional failure to the this document of intentionally fining

Executed on:

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

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STATEMENT OF OR	GANIZATION	
FOR POLITICAL ACTION COMMITTE	ES AND PARTY COM	MITTEES
(See Reverse Side For		RECEIVED
This is a (check one)Party CommitteeThis is an (check one)Initial Statement	Political Action Committee Amended Statement	NOV 2222020
COMMITTEE (PLEASE TYPE OR	KS Gov	ernmental Ethics Commission
Name Kansas Independent Pharmacy PAC		
Mailing Address (Street, City, State, Zip Code) 3512 SW Fairlawn Rd, Ste 300 Topeka, KS 66614	Business Telephone 4 (785) 228-1695	
CHAIRPERSON		
Name Scott Patterson	Home Telephone (785) 630-0311	
Mailing Address (Street, City, State, Zip Code) 204 Frederick Clay Center, KS 67432	Business Telephone (785) 632-3115	
TREASURER		
Name Robert Tinsley	Home Telephone (785) 760-196	6
Mailing Address (Street, City, State, Zip Code) 3512 SW Fairlawn Rd, Ste 300 Topeka, KS 6661	Business Telephone (785) 228-169	5
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify the tra	de, profession, or primary interes	t of the contributors.
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Governmental Ethics Commission		Rev.2000

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STATEMENT OF ORGANIZATION	JAN 1 3 2020
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI	TERESCS Con mission
(See Reverse Side For Instructions)	
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 Telephone3512 SW Fairlawn Rd, Ste 300Topeka, KS 66614(785)228-1695	
CHAIRPERSON	
NameHome TelephoneChris Mondero(785)798-7053	
Mailing Address (Street, City, State, Zip Code)Business Telephone325 Roosevelt AveBeloit, KS 67420(785)738-2285	
TREASURER	
NameHome TelephoneRobert Tinsley(785) 760-1966	
Mailing Address (Street, City, State, Zip Code)Business Telephone5401 Rock Chalk Dr, #5-104Lawrence, KS 66049(785)228-1695	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of th	ne 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." O(Date) (Signature of Chairperson)	;
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STATEMENT OF O	RGANIZATION	JAN 1 3 2020
FOR POLITICAL ACTION COMMITT	EES AND PARTY COM	OUTERESCS Commis
(See Reverse Side For This is a (check one) Party Committee This is an (check one) Initial Statement	or Instructions) ✓ Political Action Committee Amended Statement	
COMMITTEE (PLEASE TYPE C	DR 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 Chris Mondero	Home Telephone (785) 798-7053	
Mailing Address (Street, City, State, Zip Code) 325 Roosevelt Ave Beloit, KS 67420	Business Telephone (785) 738-2285	
TREASURER		······
Name Robert Tinsley	Home Telephone (785) 760-1966	
Mailing Address (Street, City, State, Zip Code) 5401 Rock Chalk Dr, #5-104 Lawrence, KS 66049	Business Telephone (785) 228-1695	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name		
Mailing Address (Street, City, State, Zip Code)		
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	STA	TEMENT OF OR	GANIZATION	
FOR PO	LITICAL ACT	ION COMMITTE	EES AND PARTY COM	MITTEES
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	This is a (check one)	Party Committee	✓ Political Action Committee	FILED
	This is an (check one)	Initial Statement	✓ Amended Statement	JAN 2 3 201
				SCOTT SCHWAB
COMMITTEE		(PLEASE TYPE O	R PRINT)	SECRETARY OF STAT
Name Kansa	s Independent Pha	rmacy PAC		
	ss (Street, City, State Fairlawn Road, Sui	, Zip Code) te 300, Topeka, KS	Business Telephone 66614 (785) 228-1695	
CHAIRPERSC	N			
Name	Vindscheffel		Home Telephone (785) 282-1183	
	ss (Street, City, State airlawn Road, Suit	, Zip Code) e 300, Topeka, KS	Business Telephone 66614 (785) 228-1695	
TREASURER				
Name Peter	Stern		Home Telephone (785) 213-2968	3
Mailing Addre 3512 S.W.	ss (Street, City, State Fairlawn Road, Sui	, Zip Code) ite 300, Topeka, KS	Business Telephone 66614 (785) 228-1695	5
AFFILIATED	OR CONNECTED C	ORGANIZATIONS		
Name Currus	, Inc. (f/k/a Kansas	Independent Pharm	acy Service Corporation)	
-	ss (Street, City, State airlawn Road, Suite		66614	
If not connected o	or affiliated with an org	ganization, identify the tr	rade, profession, or primary interest	of the contributors.
SICNATURE.				
SIGNATURE: "I declare that t	his statement has bee	n examined by me and	to the best of my knowledge and	
belief is true, co	rrect and complete.	I understand that the in	tentional failure to file this docur	
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