

RECEIVED

STATEMENT OF ORGANIZATION

SEP 24 2018

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Better Way Kansas - For Patients

Mailing Address (Street, City, State, Zip Code) Lawrence, KS Business Telephone 2104 W 25th St Suite 202 mit B10 66047 (913) 416-9697

CHAIRPERSON

Name Josh Schisler Home Telephone (314) 440 0669

Mailing Address (Street, City, State, Zip Code) 5743 Nail Ave Overland Park KS 66202 Business Telephone () ()

TREASURER

Name Brian Leninger Home Telephone () ()

Mailing Address (Street, City, State, Zip Code) 8826 Santa Fe Dr. Suite 214 Overland Park KS, 66212 Business Telephone (913) 648-7070

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 the contributors.
To expand terminally-ill Kansans' access to investigational treatments

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."

9/24/18

(Date)

[Signature]
(Signature of Chairperson)