Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 1-19-93
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☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
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A.E.G. — PREPARER

1-22-93 — DATE PREPARED

FEC FORM 70-2 (12/92)

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STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
Physicians for Responsible Health Care Policy

2. DATE
January 14 1993

(b) Number and Street Address (Check if address is changed)
3101 Broadway. Suite 1000

3. FEC IDENTIFICATION NUMBER
JAN 22 [illegible]

(c) City, State and ZIP Code
Kansas City Missouri

4. IS THIS STATEMENT AN AMENDMENT?
☐ YES ☒ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☐ (e) This committee is a separate segregated fund.

☒ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Griffin, Henry Vincent	3101 Broadway, Suite 1000 Kansas City, MO 64111	Secretary

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Kinports, Edward Baccus Jr.	3101 Broadway Suite 1000 Kansas City, MO 64111	Treasurer

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
United Missouri Bank n.a.	1010 Grand Avenue P.O. Box 419226 Kansas City, MO 64141-6226

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER: Edward B. Kinports Jr.

SIGNATURE OF TREASURER: Edward B. Kinports Jr.

DATE: 1/18/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/8

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