

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE

JULY 28, 2008

FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: Physician Hospitals of Kansas PAC  
Address: 4901 College Blvd.  
City and Zip Code: Leawood, KS 66211  
This is a (check one): ☐ Party Committee ☒ Political Committee

B. Check **only** if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from January 1, 2008 through July 24, 2008)

1. Cash on hand at beginning of period .....	<u>\$16,001.74</u>
2. Total Contributions and Other Receipts (Use Schedule A) .....	<u>\$8,000.00</u>
3. Cash available this period (Add Lines 1 and 2) .....	<u>\$24,001.74</u>
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	<u>\$2,240.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	<u>\$21,761.74</u>
6. In-Kind Contributions (Use Schedule B) .....	<u>0</u>
7. Other Transactions (Use Schedule D) .....	<u>0</u>

D. "I declare that this report, including any accompanying schedules and statements, 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."

7/25/08  
Date

[Signature]  
Signature of Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Physician Hospitals of Kansas PAC

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	Other	
2/29/08	Doctors Hospital LLC 4901 College Blvd. Leawood, KS 66211	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
2/29/08	KS City Orthopaedic Inst 3651 College Blvd. Leawood, KS 66211	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
2/29/08	Kansas Heart Hospital 3601 N. Webb Road Wichita, KS 67226	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
2/29/08	Kansas Spine Hospital 3333 N. Webb Road Wichita, KS 67226	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
3/28/08	Discover Vision Surgery + Laser Center 11705 Roe Avenue Leawood, KS 66211	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
3/28/08	Tallgrass Surgical Ctr 6001 SW 6th Ave, Ste. 100 Topeka, KS 66615	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
3/28/08	Great Bend Surgical Hospital 514 Cleveland Great Bend, KS 67530	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
3/28/08	Manhattan Surgical Hospital 1829 College Ave. Manhattan, KS 66502	organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal This Page							\$8,000.00

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Physician Hospitals of Kansas PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	Other	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Subtotal This Page</b>							

Complete if Last page of Schedule A

Total Itemized Receipts for Period	\$8,000.00
Total Unitemized Contributions (\$50 or less)	0
Sale of Political Materials (Unitemized)	0
Total Contributions When Contributor Not Known	0
<b>TOTAL RECEIPTS THIS PERIOD (to line 7 of Summary)</b>	<b>\$8,000.00</b>

**SCHEDULE B  
IN-KIND CONTRIBUTIONS**

Physician Hospitals of Kansas PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	List Occupation & Industry for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Subtotal This Page				

**Complete if last page of Schedule B**

Total Itemized (over \$100) In-Kind Contributions	
Total Unitemized (\$100 or less) In-Kind Contributions	
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)</b>	<b>0</b>

**SCHEDULE C**  
**EXPENDITURES AND OTHER DISBURSEMENTS**

Physician Hospitals of Kansas PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure	Amount
		List candidate name & address if independent or in-kind expenditure in excess of \$300	
4/20/08	Governmental Ethics Committee 109 W. 9th Topeka, KS 66612	Fee	\$240.00
Subtotal This Page			\$240.00

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Physician Hospitals of Kansas PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Purpose of Expenditure	Amount
		List candidate name & address if independent or in-kind expenditure in excess of \$300	
Subtotal This Page			

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$240.00
Total Unitemized Expenditures of \$50 or less	0
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	<b>\$240.00</b>

**SCHEDULE D  
OTHER TRANSACTIONS**

Physician Hospitals of Kansas PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
<b>Subtotal This Page</b>			

Complete if last page of Schedule D

<b>TOTAL OTHER TRANSACTIONS (to line 7 of Summary)</b>	<u>0</u>
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