STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side F	or Instructions)	\$EF 50 2005	
	This is a (check one)	Party Committee	Political Action Commit	itee State Land	
	This is an (check one)	Initial Statemen	t Amended Statement		
COMMITTEE		(PLEASE TYPE	OR PRINT)		
, 00 1	sas Hea		a Association		
Mailing Addre	ss (Street, City, State,	Zip Code). tue, Suite à	bbb Business Teleph 200 (795) DE	one 7-6003	
CHAIRPERSO	ON				
Name	Klausn	nan	Home Telephone		
Mailing Addre	ss (Street, City, State,	Zip Code) UP Suite 260	66603 Business Teleph (785), 272	one 2-1535	
TREASURER		,			
Name	rau Benne	<u> </u>	Home Telephone		
	ss (Street, City, State,	Zip Code) 66 Svite 200	6603 Business Teleph (785) 27	one 1-6700	
AFFILIATED	OR CONNECTED O	' RGANIZATIONS			
Name	isas Hea	eth Car	e ASSOC-		
Mailing Addre	ss (Street, City, State,	Zip Code) Auf Swit	HE 200 Tope	ka, KS 6603	
If not connected of	or affiliated with an org	anization, identify the	trade, profession, or primary in	iterest of the contributors.	
	20000				
SIGNATURE:	his statement has beer	n examined by me an	d to the best of my knowledg	re and	
		•	intentional failure to file this		
or intentionally filing a false document is a class A misdemeanor."					
8-28-1	OS	XV.	h Kleusmen	\mathcal{L}	
(Date)	·	(Sign	ature of Chairperson)		
Governmental Ethics Commission Rev.200					

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES STR
(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 Health Care Association
Mailing Address (Street, City, State, Zip Code) Business Telephone (785) 267-6003
CHAIRPERSON
Name Jin Klausman ()
Mailing Address (Street, City, State, Zip Code) Business Telephone (1786) 272-1535
TREASURER
Name Nancy Benney Home Telephone
Mailing Address (Street, City, State, Zip Code) 117 Sw 6th Ave 66603 (765) 271-6700
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.
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 middemeanor!"
11-7-05 Com
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000