

RECEIVED

JUN 25 2008

STATEMENT OF ORGANIZATION Governmental Ethics Commission

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

It is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
It is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Physician Hospitals of Kansas Political Action Committee

Mailing Address (Street, City, State, Zip Code)
1200 SW 10th Ave, Topeka, KS 66604Business Telephone
(785) 234-5859

CHAIRPERSON

Name Lynn Jeanie Home Telephone
(316) 218-0329Mailing Address (Street, City, State, Zip Code)
3601 N. Webb Rd., Wichita, KS 67226Business Telephone
(316) 630-5000

TREASURER

Name Phil Harnass Home Telephone
(913) 754-2179Mailing Address (Street, City, State, Zip Code)
4901 College, Leawood, KS 66811Business Telephone
(913) 529-1801

AFFILIATED OR CONNECTED ORGANIZATIONS

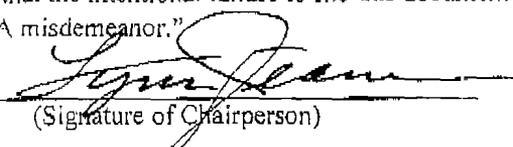
Name Physician Hospitals of Kansas, Inc.

Mailing Address (Street, City, State, Zip Code)
1200 SW 10th Ave, Topeka, KS 66604

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 misdemeanor."

6-25-08
(Date)
(Signature of Chairperson)

RECEIVED
SEP 25 2006

Governmental Ethics Commission
WEST 9TH STREET
TOPEKA, KANSAS 66612

STATEMENT OF ORGANIZATION 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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Surgical Hospital Association Political Action Committee, Inc.	
Mailing Address (Street, City, State, Zip Code) 1200 SW 10th Ave, Topeka, KS 66604	Business Telephone (785) 234-5859

CHAIRPERSON

Name Paul Kerens	Home Telephone (913) 685-8820
Mailing Address (Street, City, State, Zip Code) 3651 College Blvd. <i>Leawood KS 66211</i>	Business Telephone (913) 319-7573

TREASURER

Name Scott Chapman	Home Telephone (785) 537-1008
Mailing Address (Street, City, State, Zip Code) 1829 College Ave <i>Manhattan KS 66502</i>	Business Telephone (785) 539-2990

AFFILIATED OR CONNECTED ORGANIZATIONS

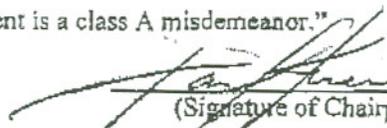
Name Kansas Surgical Hospital Association, Inc.
Mailing Address (Street, City, State, Zip Code) 401 E. 20th St., Salina, KS 67401

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 misdemeanor."

9/25/06
(Date)


(Signature of Chairperson)