

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(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

APR 04 2007

Governmental Ethics Commission
109 WEST 9TH STREET
TOPEKA, KANSAS 66612

COMMITTEE (PLEASE TYPE OR PRINT)

Name	<i>KANSANS FOR QUALITY MENTAL HEALTH SERVICES</i>	
Mailing Address (Street, City, State, Zip Code)	<i>1116 Sloan Ave. Kansas City, Ks. 66109</i>	Business Telephone <i>(913) 515-5096</i>

CHAIRPERSON

Name	<i>Walt Hill</i>	Home Telephone ()
Mailing Address (Street, City, State, Zip Code)	<i>503 W. 30th Hays, Ks. 67601</i>	Business Telephone ()

TREASURER

Name	<i>Peter Zevenbergen</i>	Home Telephone <i>(913) 721-9925</i>
Mailing Address (Street, City, State, Zip Code)	<i>1116 Sloan Ave. Kansas City, Ks. 66109</i>	Business Telephone <i>(913) 233-3306</i>

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.

Mental health professionals and organizations

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."

4-2-07

(Date)

Walt Hill

(Signature of Chairperson)