

# KANSAS GOVERNMENTAL ETHICS COMMISSION

## RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

July 26, 2010

FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

**FILED**

JUL 26 2010

SECRETARY OF STATE

A. Name of Committee: HCA Kansas Good Government Fund

Address: 550 N. Hillside

City and Zip Code: Wichita 67214

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, 2010 through July 22, 2010)

|  |                |
|--|----------------|
| 1. Cash on hand at beginning of period .....                         | <u>4062.13</u> |
| 2. Total Contributions and Other Receipts (Use Schedule A) .....     | <u>0.00</u>    |
| 3. Cash available this period (Add Lines 1 and 2) .....              | <u>4062.13</u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) ..... | <u>240.00</u>  |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) .....    | <u>3822.13</u> |
| 6. In-Kind Contributions (Use Schedule B) .....                      | <u>0.00</u>    |
| 7. Other Transactions (Use Schedule D) .....                         | <u>0.00</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."

7/26/2010  
Date

*Greg Sank*  
Signature of Treasurer



**SCHEDULE B  
IN-KIND CONTRIBUTIONS**

HCA Kansas Good Government Fund

(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 |
|---------------------------|---------------------------------|---|-------------------------------------|-------------------------------|
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
|                           |                                 |   |                                     |                               |
| <b>Subtotal This Page</b> |                                 |   |                                     | <b>\$0.00</b>                 |

**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>\$0.00</b> |



