

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 type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

SEP 22 2008

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Health Care Association

Mailing Address (Street, City, State, Zip Code) 117 SW 6th Ave, Suite 200 66603 Business Telephone (785) 267-6003

CHAIRPERSON

Name Jim Klausman Home Telephone ( )

Mailing Address (Street, City, State, Zip Code) 117 SW 6th Ave, Suite 200 66603 Business Telephone (785) 272-1535

TREASURER

Name Nancy Benney Home Telephone ( )

Mailing Address (Street, City, State, Zip Code) 117 SW 6th Ave, Suite 200 66603 Business Telephone (785) 271-6700

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Health Care Assoc.

Mailing Address (Street, City, State, Zip Code) 117 SW 6th Ave, Suite 200 Topeka, KS 66603

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."

8-28-08 (Date)

Jim Klausman (Signature of Chairperson)