

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

APR 04 2007

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☒

Initial Statement

☐

Amended Statement

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

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name

KANSANS FOR QUALITY MENTAL HEALTH SERVICES

Mailing Address (Street, City, State, Zip Code)

11116 Sloan Ave. Kansas City, Ks. 66109

Business Telephone

( 913 ) 515-5096

### CHAIRPERSON

Name

Walt Hill

Home Telephone

( )

Mailing Address (Street, City, State, Zip Code)

503 W. 30th Hays, Ks. 67601

Business Telephone

( )

### TREASURER

Name

Peter Zevenbergen

Home Telephone

( 913 ) 721-9925

Mailing Address (Street, City, State, Zip Code)

11116 Sloan Ave. Kansas City, Ks. 66109

Business Telephone

( 913 ) 233-3306

### 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)