				HECEIVER.
FOR PC			RGANIZATION	JUL 172013 Maria Junio Contribution MMITTEES
		(See Reverse Side For	r Instructions)	_
	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action Committe     Amended Statement	e
COMMITTEE	C	(PLEASE TYPE O	R PRINT)	
Name Kansa	s Health Care Asso	ciation		
	ss (Street, City, State age Blvd, Topeka, k		Business Telephor (785) 267-60	
CHAIRPERSO	ON			
Name Jim Kla	ausman		Home Telephone	
Mailing Address (Street, City, State, Zip Code) 1100 SW Gage Blvd, Topeka, KS 66604			Business Telephor (785) 272-15	ne 535
TREASURER				
Name			Home Telephone	
	Luxem		( 785 ) 836-3	
	ss (Street, City, State, Bage Blvd, Topeka,		Business Telephor (785) 267-6	
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name				
Mailing Addre	ss (Street, City, State,	Zip Code)		
If not connected o	or affiliated with an org	anization, identify the tr	rade, profession, or primary inte	rest of the contributors.
belief is true, co	his statement has been orrect and complete.	I understand that the in nt is a class A misdam	Klaum	
(Date)		(Signa	ture of/Chairperson)	B 2000
Governmental E	thics Commission	$\bigvee$		Rev.2000

STATEMENT OF ORGANIZATION					
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES					
(See Reverse Side For Instructions)	÷.				
This is a (check one) Party Committee Political Action Committee	GEV NET				
This is an (check one) Initial Statement Amended Statement					
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Kansas Health Care Association					
Mailing Address (Street, City, State, Zip Code). 1750 6th Ave, Suite 200 (785) 267-6003					
CHAIRPERSON					
Name Home Telephone					
Mailing Address (Street, City, State, Zip Code) 66603 Business Telephone 1750640 AUP, Swite 200 (785), 272-1535					
TREASURER					
Name Home Telephone					
Mailing Address (Street, City, State, Zip Code) 66603 Business Telephone (751) 6th Ave Swite 200 (785) 271-6700					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Name Decomposition Name Decomposition Name					
Mailing Address (Street, City, State, Zip Code)	z				
17 Suz 6th Ave Suite 200 Topeka, KS	<u> </u> [				
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributor	ъ.				
	_				
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." $\frac{3-28-08}{(Date)}$ (Signature of Chairperson)	_				
Governmental Ethics Commission Rev.200	10				