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KS Governmental	Ethics Commission ${ m SIAT}$	EMENT OF OR	GANIZATIO K\$ G over	nmental Ethics Commissi
FOR POI	LITICAL ACTI	ON COMMITTE	ES AND PARTY CO	OMMITTEES
	ļ	(See Reverse Side For	Instructions)	
Γ	This is a (check one)	Party Committee	Political Action Committ	tee
	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE OR	PRINT)	
Name HCA Ka	ansas Good Goverr	nment Fund PAC		
	s (Street, City, State,		Business Telepho	
5845 SW 29ti	h Street, Topeka, K	S 66614-2462	(785) 273-1	441
CHAIRPERSON	٧			
Name Steve V	Vilkinson		Home Telephone	
	s (Street, City, State, h Street, Overland		Business Telepho (913) 498-6	
TREASURER				
Name			Home Telephone	
	d Boatwright			
10500 Quivi	s (Street, City, State, ra, Overland Park,	Zip Code) KS 66215	Business Telepho (913) 541-	5301
AFFILIATED C	R CONNECTED OF	RGANIZATIONS		
Name				
Mailing Address	(Street, City, State,	Zip Code)		
If not connected or Healthcare, ho		mization, identify the tra	de, profession, or primary int	terest of the contributors.
belief is true, con	rect and complete. I	understand that the inte	o the best of my knowledge entional failure to file this of anor. Market of Chairperson)	

Governmental Ethics Commission

Rev.2000

	RECEIVED STATEMENT OF ORGANIZATION	
KS	FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
	(See Reverse Side For Instructions)	.ann
	This is an (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement	,
	COMMITTEE (PLEASE TYPE OR PRINT)	
ļ	Name HCA KS Good Government Fund	
	Mailing Address (Street, City, State, Zip Code) Business Telephone 5721 W.119th Street, Overland Park, KS 66209 (913) 498-6773	
	CHAIRPERSON	•
1	Name Steven D. Wilkinson Home Telephone	
	Mailing Address (Street, City, State, Zip Code) 5721 W. 119th Street, Overland Park, KS 66209 Business Telephone (913) 498-6773	
	TREASURER	
	Name Home Telephone Gregory C. Gawlik (316) 729-8549	
	Mailing Address (Street, City, State, Zip Code) Business Telephone	
	550 N Hillside, Wichita, KS 6721/4 316 962-7126	-
1	AFFILIATED OR CONNECTED ORGANIZATIONS Name	$\neg $
1	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 contributor Healthcare	s. —
	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 misdemeand."	
	(Date) (Signature of Chairperson)	
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