FILED
JAN 23 2012 STATEMENT OF ORGANIZATION
FOR ROBITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions) $(See Reverse Side For Instructions)$ $(AN 20 2012)$ $(AN 20 2012)$ $(See Reverse Side For Instructions)$ $(AN 20 2012)$ $(AN 20 2012)$ $(AN 20 2012)$ $(An ended Statement)$
This is a (check one) Party Committee D. Political Action Committee
This is an (check one) Initial Statement Amended Statement
This is an (check one) Initial Statement Amended Statement
Name Physician Hospitals of Kansas Political Action Committee
Mailing Address (Street, City, State, Zip Code)Business Telephone1200 SW 10th Avenue, Topeka, KS 66604(785)234-5859
CHAIRPERSON
NameHome TelephonePhil Harness( 913 ) 764-3791
Mailing Address (Street, City, State, Zip Code) Business Telephone
1200 SW 10th Avenue, Topeka, KS 66604 (785) 234-5859
TREASURER
Name     Home Telephone       Steve Kearney     (785_) 640-2226
Mailing Address (Street, City, State, Zip Code)Business Telephone1200 SW 10th Avenue, Topeka, KS 66604(785)234-5859
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Physician Hospitals of Kansas, Inc.
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.
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."
Then note
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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STATEMENT OF ORGANIZATION KS GA	APR 2010
FOR POLITICAL ACTION COMMITTEES AND PARTY CO	
(See Reverse Side For Instructions)	
This is a (check one) 🔲 Party Committee 🖌 Political Action Committee	×
This is an (check one) Initial Statement 🖌 Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Physician Hospitals of Kansas PAC	
Mailing Address (Street, City, State, Zip Code)Business Telephon1200 SW 10th Ave, Topeka, KS 66604(785)233-56	
CHAIRPERSON	
Name     Home Telephone       Scott Chapman     ()	
Mailing Address (Street, City, State, Zip Code)Business Telephor1829 College Ave, Manhattan, KS 66502(785) 539-29	
TREASURER	
Name         Home Telephone           Tom Schmitt         ()	
Mailing Address (Street, City, State, Zip Code)Business Telephon3333 N. Webb, Wichita, KS 67226(316)462-5	le 321
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Physician Hospitals of Kansas, Inc.	,
Mailing Address (Street, City, State, Zip Code) 1200 SW 10th Ave Topeka, KS 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary inte	rest of the contributors.
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SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge a belief is true, correct and complete. I understand that the intentional failure to file this do or intentionally filir g a false document is a class A misdemeanor." 4-19-2010 (Signature of Chaiperson)	
(Date) (Signature of Champerson) Governmental Ethics Commission	Rev.2000

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