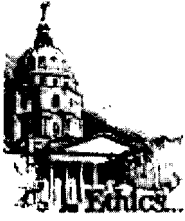


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Health Care Association**
Address: **1100 SW Gage Blvd**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Business Phone: **(785) 267-6003**
Email Address: **Cluxem@khca.org**

Chairperson Name: **Jim Klausman**
Address: **1100 SW Gage Blvd**
Address2:
City: **Topeka** State: **KS** Zip:
Home Telephone: **(785) 267-6003** Business Phone: **(785) 267-6003**
Email Address: **Cluxem@khca.org**

Treasurer Name: **Cindy Luxem**
Address: **1100 SW Gage Blvd**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: **(785) 267-6003** Business Phone: **(785) 267-6003**
Email Address: **Cluxem@khca.org**

Affiliated or Connected Organizations Name: **Kansas Health Care Association**
Address: **1100 SW Gage Blvd**
Address2:
City: **Topeka** State: **KS** Zip: **66604**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **10/14/2014 12:01:37 PM** Signature of Chairperson: **Jim Klausman**

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STATEMENT OF ORGANIZATION

JUL 17 2013

Governmental Ethics Commission

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Health Care Association	
Mailing Address (Street, City, State, Zip Code) 1100 SW Gage Blvd, Topeka, KS 66604	Business Telephone (785) 267-6003

CHAIRPERSON

Name Jim Klausman	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) 1100 SW Gage Blvd, Topeka, KS 66604	Business Telephone (785) 272-1535

TREASURER

Name Cindy Luxem	Home Telephone (785) 836-3536
Mailing Address (Street, City, State, Zip Code) 1100 SW Gage Blvd, Topeka, KS 66604	Business Telephone (785) 267-6003

AFFILIATED OR CONNECTED ORGANIZATIONS

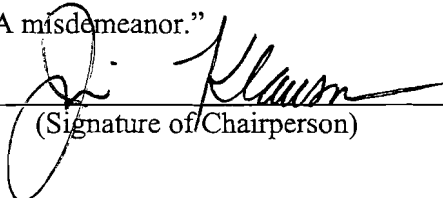
Name
Mailing Address (Street, City, State, Zip Code)

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

7-17-13
(Date)


(Signature of Chairperson)