| JAN 23 2012 STATEMENT OF OR | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| FOR ROBINICAL ACTION COMMITTE | EES AND PARTY COMMITTEES |
| SECRETARY OF STATE (See Reverse Side For Instructions) | |
| This is a (check one) Party Committee This is an (check one) Initial Statement | r Instructions) Political Action Committee Amended Statement SECRETARY OF STATE |
| COMMITTEE (PLEASE TYPE O | PRINT) |
| Name Physician Hospitals of Kansas Political Action Committee | |
| Mailing Address (Street, City, State, Zip Code) 1200 SW 10th Avenue, Topeka, KS 66604 | Business Telephone (785) 234-5859 |
| CHAIRPERSON | |
| Name Phil Harness | Home Telephone (913) 764-3791 |
| Mailing Address (Street, City, State, Zip Code) 1200 SW 10th Avenue, Topeka, KS 66604 | Business Telephone (785_) 234-5859 |
| TREASURER | |
| Name Steve Kearney | Home Telephone (785) 640-2226 |
| Mailing Address (Street, City, State, Zip Code) 1200 SW 10th Avenue, Topeka, KS 66604 | Business Telephone (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 tr | |
| | |
| SIGNATURE: "I declare that this statement has been examined by me and belief is true, correct and complete. I understand that the in or intentionally filing a false document is a class A misdem | ntentional failure to file this document |
| (Date) (Signature of Chairperson) | |

Governmental Ethics Commission

Rev.2000