

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

January 10, 2017

**FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS**

A. Name of Committee: Physician Hospitals of Kansas PAC

Address: 1200 SW 10th Ave

City and Zip Code: Topeka 66604

This is a (check one): ☐ Party Committee ☒ Political Committee

B. Check only if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from October 28, 2016 through December 31, 2016)

1. Cash on hand at beginning of period	<u>27940.74</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>0</u>
3. Cash available this period (Add Lines 1 and 2)	<u>27940.74</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>1000</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>26940.74</u>
6. In-Kind Contributions (Use Schedule B)	<u>0</u>
7. Other Transactions (Use Schedule D)	<u>0</u>

D. "I declare that this report, including any accompanying schedules and statements, 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."

01/09/2017

Date

Steve Kearney
Signature of Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Physician Hospitals of Kansas PAC

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	E funds Other	
Subtotal This Page							\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	
Total Unitemized Contributions (\$50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$0.00

**SCHEDULE B
IN-KIND (Non-Monetary) CONTRIBUTIONS**

Physician Hospitals of Kansas PAC

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	List Occupation for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Subtotal This Page				\$0.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	
Total Unitemized (\$100 or less) In-Kind Contributions	
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 4 of Summary)	\$0.00

SCHEDULE C

EXPENDITURES AND OTHER DISBURSEMENTS

Physician Hospitals of Kansas PAC

(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	<div style="text-align: center;">Purpose of Expenditure</div> <div>If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address</div>	Amount
12/08/16	Kansas Republican Senatorial Committee PO Box 2663 Topeka, Kansas 66601	Political Contribution	\$1,000.00
Subtotal This Page			\$1,000.00

**SCHEDULE D
OTHER TRANSACTIONS**

Physician Hospitals of Kansas PAC

(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
Subtotal This Page			\$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	\$0.00
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