

### STATEMENT OF ORGANIZATION

### 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 checked="" type="checkbox"/> Amended Statement

RECEIVED  
 JAN 10 2013  
 Governmental Ethics Commission

#### COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Hospital Association PAC	
Mailing Address (Street, City, State, Zip Code)	215 SE 8th Ave., Topeka, KS, 66603	Business Telephone ( 785 ) 233-7436

#### CHAIRPERSON

Name	Tom Bell	Home Telephone ( 785 ) 246-1666
Mailing Address (Street, City, State, Zip Code)	215 SE 8th Ave., Topeka, KS, 66603	Business Telephone ( 785 ) 233-7436

#### TREASURER

Name	Chad Austin	Home Telephone ( 785 ) 478-9947
Mailing Address (Street, City, State, Zip Code)	215 SE 8th Ave., Topeka, KS, 66603	Business Telephone ( 785 ) 233-7436

#### AFFILIATED OR CONNECTED ORGANIZATIONS

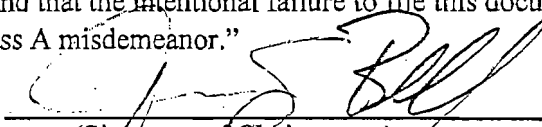
Name	Kansas Hospital Association	
Mailing Address (Street, City, State, Zip Code)	215 SE 8th Ave., Topeka, KS, 66603	

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."

1-10-13  
(Date)

  
(Signature of Chairperson)