JAN 22 2016

STATEMENT OF ORGANIZATION KS Governmental Etnics Commission

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES				
(See Reverse Side For Instructions)				
	✓ Political Action Committee ✓ Amended Statement			
COMMITTEE (PLEASE TYPE OR PRINT)				
Name HCA Kansas Good Government Fund				
Mailing Address (Street, City, State, Zip Code) 5845 SW 29th Street Topeka KS 66614-2462	Business Telephone (785) 273-1441			
CHAIRPERSON				
Name Kevin Hicks	Home Telephone			
Mailing Address (Street, City, State, Zip Code) 10500 Quivira, Overland Park, KS 66215	Business Telephone (913) 541-5301			
TREASURER				
Name Debbie Gafford	Home Telephone ()			
Mailing Address (Street, City, State, Zip Code) 5721 W. 119th Street, Overland Park, KS 66209	Business Telephone (913) 498-6773			
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name HCA				
Mailing Address (Street, City, State, Zip Code) One Park Plaza, Nashville, TN 37202				
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.				
	of Chairperson)			
Governmental Ethics Commission	Rev.2000			

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FOR	POL	TICAL ACTION COMMITTEES AND PARTY COMMI	TIEES
		(See Reverse Side For Instructions)	
	11.	This is a (check one) Parry Committee Political Action Committee	
		his is nn (check one) Initial Statement Amended Statement	,
COMMITTI	EE.	(PLEASE TYPE OR PRINT)	
Name HCA	Ka	isas Good Government Fund PAC	
Mailing Add	cess	(Street, City, State, Zip Code) Business: Telephone	
5845 SW 2	9th	Street, Topeka, KS 66614 (785) 273-1441	
CHAIRPERS	ON		
Name Kevir	Hic	Home Telephone	
	 	Street, City, State, Zip Code) Business Telephone	
10500 Quiv	ira,	Overland Park, KS.66215 (913) 541-5301	addicated the transfer of the second
TREASURE	{		
Name	<u> </u>	l-lome Telephone	
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Mailing Address 555 N. Hill	ss (: side	treet, City, State, Zip Code) Business Telephone Wichita, KS 67214 (316) 972-2055	
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Name	OR.	CONNECTED ORGANIZATIONS	
HCA			
		treet, City, State, Zip Code)	
One Park P	aza;	Nashville, TN 37202	
fnot connected	or aff	llated with an organization, identify the trade, profession, or primary interest of the	contributors.
SIGNATURE			
SIGNATURE: I declare that this statement has been examined by me and to the best of my knowledge and			
elief is true, expreed and complete. I understand that the intentional failure to file this document			
or intentionally filling a false document is a class A middencambr.			
(Date)	5	(Signature of L'hairperson)	
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