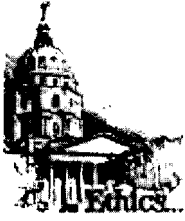


[Print this form](#) or [Go Back](#)



**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](http://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**

[Print this form](#) or [Go Back](#)