

KANSAS GOVERNMENTAL ETHICS COMMISSION

**RECEIPTS AND EXPENDITURES REPORT
OF A POLITICAL OR PARTY COMMITTEE**

July 27, 2020

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

RECEIVED

JUL 23 2020

**SCOTT SCHWAB
SECRETARY OF STATE**

A. Name of Committee: HCA Kansas Good Government Fund
Address: c/o Hein Governmental Consulting LLC, 5845 SW 29th St.
City and Zip Code: Topeka, KS 66614-2462
This is a (check one): Party Committee Political Committee

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

C. Summary (covering the period from January 1, 2020 through July 23, 2020)

1. Cash on hand at beginning of period	<u>\$16,580.09</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>\$58,250.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>\$74,830.09</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>\$300.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>\$74,530.09</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."

7/23/20
Date


Signature of Treasurer

GEC Form Rev, 2020

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

HCA Kansas Good Government Fund

(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	
	See Attached Schedule A						\$58,250.00
Subtotal This Page							\$58,250.00

HCA Good Government Fund

Schedule A

CONTRIBUTIONS AND OTHER RECEIPTS

Date	Name	Occupation	Cash	Check	Loan	Funds Other	Amount
07/09/2020	Wesley Medical Center 550 N. Hillside Wichita, KS 67214	Hospital		x			\$ 27,000.00
07/14/2020	Overland Park Reg. Med. Center 10500 Quivira Overland Park, KS 66215	Hospital		x			\$ 13,500.00
07/14/2020	Menorah Medical Center 5701 W. 119th Street Overland Park, KS 66209	Hospital		x			\$ 13,500.00
07/20/2020	Owen Donohoe 6265 Arapahoe Shawnee, KS 66226	Lost Check		x			\$ 250.00
07/20/2020	Mary Plicher-Cook 13910 W. 58th Place Shawnee, KS 66216	Returned Check		x			\$ 500.00
07/20/2020	Paul Waggner 600 E. 73rd Hutchinson, KS 67502	Returned Check		x			\$ 250.00
07/20/2020	Rui Xu 4724 Bellinder Ave. Westwood, KS 66205	Returned Check		x			\$ 250.00
07/20/2020	Susan Wagle Sagebrush Wichita, KS 67230	4 Lost Check		x			\$ 250.00
07/20/2020	Right Way PAC PO Box 4282 Topeka, KS 66604	Lost Check		x			\$ 2,500.00
07/20/2020	Maynard (Bud) Estes 1405 Elbow Bend City, KS 67801	Dodge Lost Check		x			\$ 250.00
							<u>\$ 58,250.00</u>

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

HCA Kansas Good Government Fund

(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 6 of Summary)	\$0.00

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

HCA Kansas Good Government Fund

(Name of Party Committee or Political Committee) _____

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
06/05/20	Governmental Ethics Commission		\$300.00
Subtotal This Page			\$300.00

**SCHEDULE D
OTHER TRANSACTIONS**

HCA Kansas Good Government Fund

(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)	
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