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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Hospital Association Political Action Committee**

Address: **215 S.E. Eighth Ave.**

Address2:

City: **Topeka** State: **KS** Zip: **66603**

Business Phone: **(785) 233-7436**

Email Address: **ldean@kha-net.org**

Chairperson Name: **Thomas Bell**

Address: **215 S.E. Eighth Ave.**

Address2:

City: **Topeka** State: **KS** Zip: **66603**

Home Telephone: Business Phone: **(785) 233-7436**

Email Address: **tbell@kha-net.org**

Treasurer Name: **Chad Austin**

Address: **215 S.E. Eighth Ave.**

Address2:

City: **Topeka** State: **KS** Zip: **66603**

Home Telephone: Business Phone: **(785) 233-7436**

Email Address: **caustin@kha-net.org**

Affiliated or Name: **Kansas Hospital Association**

Connected Address: **215 S.E. Eighth Ave.**

Organizations Address2:

City: **Topeka** State: **KS** Zip: **66603**

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: **7/27/2020 9:53:40 AM** Signature of Chairperson: **Thomas Bell**

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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

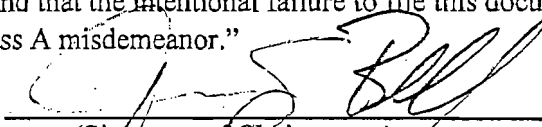
Name	Kansas Hospital Association	
Mailing Address (Street, City, State, Zip Code)	215 SE 8th Ave., Topeka, KS, 66603	

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)