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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 Health Care Association**

Address: **PO Box 4770**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 267-6003**

Email Address: **lmowbray@khca.org**

Chairperson Name: **Anthony Johnson**

Address: **19719 Hansen Ave**

Address2:

City: **Omaha** State: **NE** Zip: **68130**

Home Telephone: **(612) 644-0677** Business Phone: **(612) 644-0677**

Email Address: **AJohnson@rcheartland.com**

Treasurer Name: **Linda MowBray**

Address: **PO Box 4770**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: **(785) 379-9550** Business Phone: **(785) 267-6003**

Email Address: **lmowbray@khca.org**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

nursing home, assisted living, and Home Plus owners and operators

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: **7/1/2022 10:39:58 AM** Signature of Chairperson: **Anthony Johnson**

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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: **lmowbray@khca.org**

Chairperson Name: **Fred Hermes**
Address: **7200 W 13th, Suite 5**
Address2:
City: **Wichita** State: **KS** Zip: **67212**
Home Telephone: Business Phone: **(785) 267-6003**
Email Address: **lmowbray@khca.org**

Treasurer Name: **Linda MowBray**
Address: **1100 SW Gage Blvd**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: Business Phone: **(785) 267-6003**
Email Address: **lmowbray@khca.org**

Affiliated or Connected Organizations Name:
Address:
Address2:
City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
senior care communities, nursing homes, assisted living

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: **1/3/2020 12:17:04 PM** Signature of Chairperson: **Fred Hermes**

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