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

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
<https://ethics.kansas.gov/>

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee

Name: **Medical Society of Sedgwick County SedgPAC**

Address: **1102 S Hillside**

Address2:

City: **Wichita** State: **KS** Zip: **67211**

Business Phone: **(316) 683-7557**

Email Address: **deannenewland@med-soc.org**

Chairperson

Name: **Kevin Hoppock**

Address: **3704 E 69th St N**

Address2:

City: **Valley Center** State: **KS** Zip: **67147**

Home Telephone: **(316) 744-1922** Business Phone: **(316) 683-7557**

Email Address: **kevin.hoppock@ascension.org**

Treasurer

Name: **Deanne Newland**

Address: **1102 S Hillside**

Address2:

City: **Wichita** State: **KS** Zip: **67211**

Home Telephone: **(316) 617-9295** Business Phone: **(316) 683-7557**

Email Address: **deannenewland@med-soc.org**

**Affiliated or
Connected
Organizations**

Name: **Medical Society of Sedgwick County**

Address: **1102 S Hillside**

Address2:

City: **Wichita** State: **KS** Zip: **67211**

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: **6/29/2022 2:12:42 PM** Signature of Chairperson: **Kevin Hoppock**

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STATEMENT OF ORGANIZATION

JUL 08 2016

KS Governmental Ethics Commission

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Medical Society of Sedgwick County SedPAC	
Mailing Address (Street, City, State, Zip Code)	1102 S Hillside Wichita, KS 67211	
Business Telephone	(316) 683-7557	

CHAIRPERSON

Name	Kent R. Bradley, MD	Home Telephone	(316) 755-1570	
Mailing Address (Street, City, State, Zip Code)	9866 N Grove Wichita, KS 67147		Business Telephone	(316) 283-4153

TREASURER

Name	Deanne M. Newland	Home Telephone	(316) 942-6595	
Mailing Address (Street, City, State, Zip Code)	1102 S Hillside Wichita, KS 67211		Business Telephone	(316) 683-0495

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Medical Society of Sedgwick County		
Mailing Address (Street, City, State, Zip Code)	1102 S Hillside Wichita, KS 67211		

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

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."

July 7, 2016
(Date)

Kent R Bradley MD
(Signature of Chairperson)