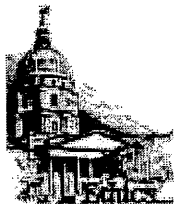


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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

CommitteeName: **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: **Levi Davis**Address: **15514 Reeds Road**

Address2:

City: **Overland Park** State: **KS** Zip: **66223**Home Telephone: **(785) 969-8103** Business Phone: **(785) 969-8103**Email Address: **ED@prairieridgehr.com****Treasurer**Name: **Linda MowBray**Address: **PO Box 4770**

Address2:

City: **Topeka** State: **KS** Zip: **66604**Home Telephone: **(785) 221-7369** 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.

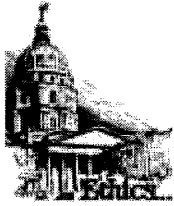
nursing home, assisted living, and Home Plus owners and operators

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: **10/9/2023 9:34:46 AM** Signature of Chairperson: **Levi Davis**[Print this form](#) or [Go Back](#)

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

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

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

Chairperson

Name: **Levi Davis**

Address: **15514 Reeds Road**

Address2:

City: **Overland Park** State: **KS** Zip: **66223**

Home Telephone: **(785) 969-8103** Business Phone: **(785) 969-8103**

Email Address: **ldavis@ensignservices.net**

Treasurer

Name: **Linda MowBray**

Address: **PO Box 4770**

Address2:

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

Home Telephone: **(785) 221-7369** Business Phone: **(785) 267-6003**

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

**Affiliated or
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Organizations**

Name:

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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: **6/27/2023 10:56:28 AM** Signature of Chairperson: **Levi Davis**

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