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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: **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: **John Lohnes Jr**

Address: **551 N Hillside Ste 320**

Address2:

City: **Wichita** State: **KS** Zip: **67214**

Home Telephone: Business Phone:

Email Address: **jlohn2@aol.com**

Treasurer

Name: **Deanne Newland**

Address: **1102 S Hillside**

Address2:

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

Home Telephone: 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.

Physicians

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: **7/3/2023 9:33:26 AM** Signature of Chairperson: **John H Lohnes, Jr MD**

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