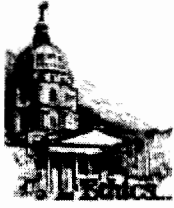


[Print this form](#) or [Go Back](#)



**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: **Physician Hospitals of Kansas Political Action Committee**

Address: **1200 SW 10th Avenue**

Address2:

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

Business Phone: **(785) 234-4488**

Email Address: **Steve@kearneyandassociates.com**

**Chairperson**

Name: **Scott Chapman**

Address: **3333 N Webb Road**

Address2:

City: **Wichita** State: **KS** Zip: **67226**

Home Telephone: Business Phone: **(316) 462-5000**

Email Address: **schapman@ksspine.com**

**Treasurer**

Name: **Steve Kearney**

Address: **1200 SW 10th Avenue**

Address2:

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

Home Telephone: Business Phone: **(785) 234-5859**

Email Address: **Steve@kearneyandassociates.com**

**Affiliated or  
Connected  
Organizations**

Name: **Physician Hospitals of Kansas, Inc.**

Address: **1200 SW 10th Avenue**

Address2:

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

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: **11/8/2023 3:43:41 PM** Signature of Chairperson: **Scott Chapman**

[Print this form](#) or [Go Back](#)

**FILED**

JAN 23 2012

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  
KRIS W. KOBACH  
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

**FILED**  
JAN 20 2012  
KRIS W. KOBACH  
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Physician Hospitals of Kansas Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
1200 SW 10th Avenue, Topeka, KS 66604

Business Telephone  
( 785 ) 234-5859

CHAIRPERSON

Name Phil Harness

Home Telephone  
( 913 ) 764-3791

Mailing Address (Street, City, State, Zip Code)  
1200 SW 10th Avenue, Topeka, KS 66604

Business Telephone  
( 785 ) 234-5859

TREASURER

Name Steve Kearney

Home Telephone  
( 785 ) 640-2226

Mailing Address (Street, City, State, Zip Code)  
1200 SW 10th Avenue, Topeka, KS 66604

Business Telephone  
( 785 ) 234-5859

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Physician Hospitals of Kansas, Inc.

Mailing Address (Street, City, State, Zip Code)

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."

1/20/12  
(Date)

[Signature]  
(Signature of Chairperson)