

FILED

OCT 22 2004

FORNORNBURGH  
SECRETARY OF STATE

# STATEMENT OF ORGANIZATION

## 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

FILED  
SEP 19 2005

FORNORNBURGH  
SECRETARY OF STATE

(PLEASE TYPE OR PRINT)

Name Kansas Association of Health Plans PAC

Mailing Address (Street, City, State, Zip Code) 1206 SW 10th Street Topeka KS 66604	Business Telephone ( 785 ) 233-1903
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### CHAIRPERSON

Name Peggy Galvin	Home Telephone ( 785 ) 233-1903
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Mailing Address (Street, City, State, Zip Code) 1206 SW 10th Street Topeka KS 66604	Business Telephone ( 785 ) 233-1903
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### TREASURER

Name Cheryl Dillard	Home Telephone ( 785 ) 233-1903
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Mailing Address (Street, City, State, Zip Code) 1206 SW 10th Street Topeka KS 66604	Business Telephone ( 785 ) 233-1903
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### AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Association of Health Plans

Mailing Address (Street, City, State, Zip Code)  
1206 SW 10th Street Topeka KS 66604

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."

9/9/05  
(Date)

Peggy Galvin  
(Signature of Chairperson)

