KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

JANUARY 10, 2008

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	SECRETARIA SEE REVERSE SIBE FOR INSTRUCTIONS	
A.	Name of Committee: Kansas Insurance Political Action Committee	
	Address: 800 SW Jackson Suite 900	
	City and Zip Code: Topeka, KS 66612	
	This is a (check one): Party Committee Political Committee	
В.	Check only if appropriate: Amended Filing Termination Report	
C	Summary (acycning the navied from January 1, 2007 through December 21, 2007)	
C.	Summary (covering the period from January 1, 2007 through December 31, 2007)	3472.85
	1. Cash on hand at beginning of period	5.92
	2. Total Contributions and Other Receipts (Use Schedule A)	
	3. Cash available this period (Add Lines 1 and 2)	3478.77
	4. Total Expenditures and Other Disbursements (Use Schedule C)	1285.00
	5. Cash on hand at close of period (Subtract Line 4 from 3)	2193.77
	6. In-Kind Contributions (Use Schedule B)	
	7. Other Transactions (Use Schedule D)	
D. '	"I declare that this report, including any accompanying schedules and statements, has been exact and to the best of my knowledge and belief is true, correct and complete. I understand that the failure to file this document or intentionally filing a false document is a class A misdemeanor.	ne intentional
0	01/09/2008 Alaus G. Hauson	
Date	Signature of Treasurer	
	GEC F	orm Rev, 2001

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Kansas Insurance Political Action Committee

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check,
	of Contributor		Cash	Check	Loan	Other	Loan or Other Receipt
-							
.							:
	Subtotal This Page						\$0.00

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SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

k	Kansas Insurance P	olitical Action (Committee	
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(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Occupation of Individual	Check Appropriate Box				Amount of Cash, Check,
	of Contributor	Giving More Than \$150	Cash	Check	Loan	Other	Loan or Other Receipt
: :							
							, c
	Subtotal This Page						\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	
Total Unitemized Contributions (\$50 or less)	\$5.92
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$5.92

SCHEDULE B IN-KIND CONTRIBUTIONS

Kansas Insurance Political Action Committee

(Name of Candidate, Party Committee or Political Committee)

Date	Name, Address and Occupation of Contributor List occupation for those giving an in-kind more than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
-			
5	Subtotal This Page		\$0.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	
Total Unitemized (\$100 or less) In-Kind Contributions	
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	\$0.00

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SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Candidate, Party Committee or Political Committee)

		T	<u> </u>
Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
8/23/07	Ruth Teichman for State Senate 555 S Kansas Avenue, Suite 101 Topeka, KS 66603	Contribution	\$250.00
12/21/07	Kansas Republican Senatorial Committee P.O. Box 2663 Topeka, KS 66601	Contribution	\$1,000.00
<u>:</u>			
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o i	Subtotal This Page		\$1,250.00

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Insurance	Political	Action	Committee
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(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
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i d			
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-			
	Subtotal This Page		\$0.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$1,250.00
Total Unitemized Expenditures of \$50 or less	\$35.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$1,285.00

SCHEDULE D OTHER TRANSACTIONS

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
:			
-			
	\$0.00		

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS	to line 7 of Summary)	\$0.00

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