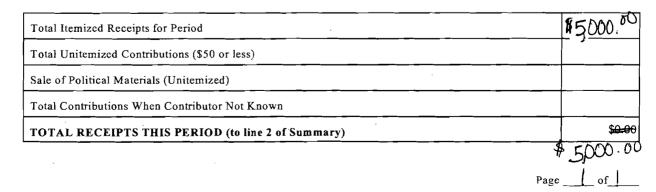
January 10, 2009 FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTION Name of Committee: Kansas Association & Halfwf Address: 815 & Topeka Blvd, 2C City and Zip Code: Topeka, KS 66612 This is a (check one):Party Committee Politic	••••••••••••••••••••••••••••••••••••••
Address: <u>815 SW Topeka</u> Blvd, 2C City and Zip Code: <u>Topeka</u> , KS 66612	
	cal Committee
Check only if appropriate: X Amended Filing Term	ination Report
Summary (covering the period from October 24, 2008 through December	
<ol> <li>P. Total Contributions and Other Receipts (Use Schedule A)</li> <li>B. Cash available this period (Add Lines 1 and 2)</li> </ol>	<u></u>
<ul> <li>F. Total Expenditures and Other Disbursements (Use Schedule C)</li> <li>G. Cash on hand at close of period (Subtract Line 4 from 3)</li> </ul>	= ^(
<ul> <li>5. In-Kind Contributions (Use Schedule B)</li> <li>7. Other Transactions (Use Schedule D)</li> </ul>	
declare that this report, including any accompanying schedules and statemer and to the best of my knowledge and belief is true, correct and complete. I ur failure to file this document or intentionally filing a false document is a class	derstand that the inter
	<ul> <li>bummary (covering the period from October 24, 2008 through December</li> <li>Cash on hand at beginning of period</li> <li>Total Contributions and Other Receipts (Use Schedule A)</li> <li>Cash available this period (Add Lines 1 and 2)</li> <li>Cash available this period (Add Lines 1 and 2)</li> <li>Total Expenditures and Other Disbursements (Use Schedule C)</li> <li>Cash on hand at close of period (Subtract Line 4 from 3)</li> <li>In-Kind Contributions (Use Schedule B)</li> <li>Other Transactions (Use Schedule D)</li> <li>declare that this report, including any accompanying schedules and statement of the best of my knowledge and belief is true, correct and complete. I units and to the best of my knowledge and belief is true, correct and complete. I units and to the best of my knowledge and belief is true.</li> </ul>

## **SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Assoc. 06 Healthu Plans PAC (Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check,
			Cash	Check	Loan	Other	Loan or Other Receipt
11/5/08	Bill Tracy United Health Care 9900 W N9th St. Overland Park, KS 66210	Insurance		X			\$1000.00
11/5/08	Bruce Witt Preferred Health Systems 8525 2 210 8 0 0206	Insurance		X			\$1000.00
11/5/08	Chad Moore Children's Murcy FHP ALS W Forming RC, MO 64108	Insurance	-	X			\$ 1000.00
12/10/08	Steven bledsoe BCBS of KC SSOS Main KC, MO 64108	Insurance	-	χ			#2000.00
		,					
	· · · · ·						
• • • •	Subtotal This Page	· · · · · · · · · · · · · · · · · · ·	L		· :		<u>\$0.00</u>
							75,000.

## Complete if last page of Schedule A



## SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Assocation of Health Plans PAC

(Name of Party Committee or Political Committee)

		Purpose of Expenditure	Amount \$15.50	
Date	Name and Address	List candidate name & address if independent or in-kind expenditure in excess of \$300		
12/10/08	Community National Bank PO Box 4876 Topeka, KS 66604	Check Order		
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
		·		
	· · · · ·	· · · · · · · · · · · · · · · · · · ·		
•	Subtotal This Page		\$15.50	

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