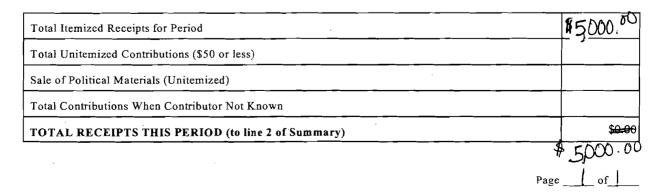
January 10, 2009 FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTION Name of Committee: Kansas Association & Halfwf Address: 815 & Topeka Blvd, 2C City and Zip Code: Topeka, KS 66612 This is a (check one):Party Committee Politic	••••••••••••••••••••••••••••••••••••••
Address: <u>815 SW Topeka</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	
 P. Total Contributions and Other Receipts (Use Schedule A) B. Cash available this period (Add Lines 1 and 2) 	<u></u>
 F. Total Expenditures and Other Disbursements (Use Schedule C) G. Cash on hand at close of period (Subtract Line 4 from 3) 	= ^(
 5. In-Kind Contributions (Use Schedule B) 7. Other Transactions (Use Schedule D) 	
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
	 bummary (covering the period from October 24, 2008 through December Cash on hand at beginning of period Total Contributions and Other Receipts (Use Schedule A) Cash available this period (Add Lines 1 and 2) Cash available this period (Add Lines 1 and 2) Total Expenditures and Other Disbursements (Use Schedule C) Cash on hand at close of period (Subtract Line 4 from 3) In-Kind Contributions (Use Schedule B) Other Transactions (Use Schedule D) 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.

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	

Page _____ of ____