

STATEMENT OF ORGANIZATION

FOR 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 type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name KAHU PAC, Inc

Mailing Address (Street, City, State, Zip Code) 10504 Meadow Lane Leawood KS 66206

Business Telephone ( 816 ) 863-3027

CHAIRPERSON

Name Tom Bryon

Home Telephone ( )

Mailing Address (Street, City, State, Zip Code) 10504 Meadow Lane Leawood KS 66206

Business Telephone ( 816 ) 863-3027

TREASURER

Name Michael Moulin

Home Telephone ( 913 ) 927-6453

Mailing Address (Street, City, State, Zip Code) 9001 W. 110th St Ste 230 Overland Park KS 66210

Business Telephone ( 913 ) 927-6453

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

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. Kansas Assoc of Health Underwriters

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."

8-12-08 (Date)

(Signature of Chairperson)

RECEIVED

JUL 1 2008

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COMMITTEE (PLEASE TYPE OR PRINT)

Name	KANSAS Health Underwriters Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	10405 MEADOW LANE, LEAWOOD, KS 66206	
Business Telephone	(816) 863-3027	

CHAIRPERSON

Name	Thomas A. Bryan	Home Telephone	(913) 385-5408
Mailing Address (Street, City, State, Zip Code)	10504 Meadow Lane Leawood, KS 66206		
Business Telephone	(816) 863-3027		

TREASURER

Name	MICHAEL V. MOULIN	Home Telephone	(913) 927-6453
Mailing Address (Street, City, State, Zip Code)	9001 W. 110th St., STE 230 OVERLAND PARK, KS 66210		
Business Telephone	(913) 341-9392		

AFFILIATED OR CONNECTED ORGANIZATIONS

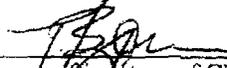
Name	KANSAS ASSOCIATION OF HEALTH UNDERWRITERS		
Mailing Address (Street, City, State, Zip Code)	10504 MEADOW LANE, LEAWOOD, KS 66206		

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7/30/08  
(Date)

  
(Signature of Chairperson)



**GACHES, BRADEN, BARBEE & ASSOCIATES**  
PUBLIC AFFAIRS & ASSOCIATION MANAGEMENT

825 S. Kansas Avenue, Suite 500 • Topeka, Kansas 66612 • Phone: (785) 233-4512 • Fax: (785) 233-2206

RECEIVED

July 30, 2008

JUL 31 2008

KS Governmental Ethics Commission

Carol Williams  
Kansas Governmental Ethics Commission  
109 W. 9<sup>th</sup> St., Ste. 504  
Topeka, KS 66612

Dear Carol,

This letter is to inform you that I am no longer the treasurer of the Kansas Association of Health Underwriters Political Action Committee. I have forwarded the Statement of Organization form to the Chairperson, Tom Bryon, for completion and it should be filed shortly so that you can update your records appropriately.

Thank you,

Ron Gaches

Fax:

296-2548

Hard copy to follow by mail

**FILED**  
AUG 14 2007  
FOR MONROE  
ROMAHO STATE  
SECRETARY OF STATE

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COMMITTEE (PLEASE TYPE OR PRINT)

Name **KANSAS ASSOCIATION OF HEALTH UNDERWRITERS Political Action Committee**

Mailing Address (Street, City, State, Zip Code) **825 S. KANSAS AVE., Suite 500**  
Business Telephone **(785) 233-4512**

**Topeka, KS 66612**  
CHAIRPERSON

Name **THOMAS A. BRYON** Home Telephone **(913) 385-5408** *Cell (816) 846-866 863-3027*

Mailing Address (Street, City, State, Zip Code) **10504 MEADOW HANE LEAWOOD, KS. 66206**  
Business Telephone **(913) 642-5242**

TREASURER

Name **Ronald Gaches** Home Telephone **(785) 842-7206**

Mailing Address (Street, City, State, Zip Code) **825 S. KANSAS AVE., Suite 500**  
Business Telephone **(785) 233-4512**

**Topeka, KS. 66612**  
AFFILIATED OR CONNECTED ORGANIZATIONS

Name **KANSAS ASSOCIATION OF HEALTH UNDERWRITERS**

Mailing Address (Street, City, State, Zip Code) **825 S. KANSAS AVE., SUITE 500, TOPEKA, KS. 66612**

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"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."

7/18/07  
(Date)

[Signature]  
(Signature of Chairperson)