

**KANSAS GOVERNMENTAL ETHICS COMMISSION**

**RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE**

RECEIVED

**January 10, 2010**

JUL 29 2010

KS Governmental Ethics Commission

**FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS**

A. Name of Committee: Kansas Insurance Political Action Committee

Address: 800 SW Jackson Street - Suite 900

City and Zip Code: Topeka, KS 66612

This is a (check one):  Party Committee  Political Committee

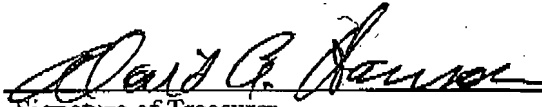
B. Check only if appropriate:  Amended Filing  Termination Report

C. Summary (covering the period from January 1, 2009 through December 31, 2009)

|  |                |
|--|----------------|
| 1. Cash on hand at beginning of period .....                         | <u>7760.71</u> |
| 2. Total Contributions and Other Receipts (Use Schedule A) .....     | <u>214.35</u>  |
| 3. Cash available this period (Add Lines 1 and 2) .....              | <u>7975.06</u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) ..... | <u>1535.00</u> |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) .....    | <u>6440.06</u> |
| 6. In-Kind Contributions (Use Schedule B) .....                      | <u>0.00</u>    |
| 7. Other Transactions (Use Schedule D) .....                         | <u>0.00</u>    |

D. "I declare that this report, including any accompanying schedules and statements, 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."

07/28/2010  
Date

  
Signature of Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Insurance Political Action Committee

(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, Loan or Other Receipt |
|---------------------------|---------------------------------|--|-----------------------|-------|------|-------|--|
|                           |                                 |  | Cash                  | Check | Loan | Other |  |
| 6/1/09                    | Ty Masterson for Kansas         | Check voided due to candidate not running for re-election  |                       | ✓     |      |       | \$200.00                                     |
|                           |                                 |  |                       |       |      |       |  |
|                           |                                 |  |                       |       |      |       |  |
|                           |                                 |  |                       |       |      |       |  |
|                           |                                 |  |                       |       |      |       |  |
|                           |                                 |  |                       |       |      |       |  |
|                           |                                 |  |                       |       |      |       |  |
|                           |                                 |  |                       |       |      |       |  |
| <b>Subtotal This Page</b> |                                 |  |                       |       |      |       | <b>\$200.00</b>                              |

**Complete if last page of Schedule A**

|  |                 |
|--|-----------------|
| Total Itemized Receipts for Period                       | \$200.00        |
| Total Unitemized Contributions (\$50 or less)            | \$14.35         |
| Sale of Political Materials (Unitemized)                 | \$0.00          |
| Total Contributions When Contributor Not Known           | \$0.00          |
| <b>TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)</b> | <b>\$214.35</b> |

**SCHEDULE B  
IN-KIND CONTRIBUTIONS**

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

| Date               | Name and Address of Contributor | List Occupation & Industry for Those Giving an In-Kind of More Than \$150 | Description of In-Kind Contribution | Value of In-Kind Contribution |
|--------------------|---------------------------------|---|-------------------------------------|-------------------------------|
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
|                    |                                 |   |                                     |                               |
| 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                |               |
| <b>TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)</b> | <b>\$0.00</b> |

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas Insurance Political Action Committee

(Name of Party Committee or Political Committee)

| Date               | Name and Address<br>To Whom Expenditure is Made                              | Purpose of Expenditure                                  | Amount     |
|--------------------|--|---|------------|
| 12/07/09           | Schmidt for Attorney General<br>P.O. Box 804<br>Independence, KS 67301       | Derek Schmidt<br>Campaign Contribution 2009             | \$250.00   |
| 12/07/09           | Kansans for Praeger<br>P.O. Box 1001<br>Topeka, KS 66601                     | Sandy Praeger<br>Campaign Contribution 2009             | \$250.00   |
| 12/07/09           | Kansas Republican Senatorial<br>Committee, P.O. Box 2663<br>Topeka, KS 66601 | Sponsorship 2009 Plaza Lights Holiday Celebration.      | \$500.00   |
| 12/07/09           | Teichman for Senate<br>434 E Old Highway 50<br>Stafford, KS 67578            | Ruth Teichman<br>Campaign Contribution 2009             | \$250.00   |
| 12/07/09           | Shultz for Representative<br>707 Washington Circle<br>Lindsborg, KS 67456    | Douglas C. (Clark) Shultz<br>Campaign Contribution 2009 | \$150.00   |
| 12/07/09           | Peck for Representative<br>Box 277<br>Tyro, KS 67364                         | Virgil E. Peck, Jr.<br>Campaign Contribution 2009       | \$100.00   |
|                    |  |   |            |
|                    |  |   |            |
| Subtotal This Page |  |   | \$1,500.00 |

Complete if last page of Schedule C

|  |                   |
|--|-------------------|
| Total Itemized Expenditures This Period  | \$1,500.00        |
| Total Unitemized Expenditures of \$50 or less  | \$35.00           |
| <b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS<br/>THIS PERIOD (to line 4 of Summary)</b> | <b>\$1,535.00</b> |

**SCHEDULE D  
OTHER TRANSACTIONS**

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

| Date               | Name and Address | Nature of Account or Loan Payable<br>or Loan Receivable | Balance at<br>Close of<br>Period |
|--------------------|------------------|---|----------------------------------|
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
|                    |                  |   |                                  |
| Subtotal This Page |                  |   | \$0.00                           |

Complete if last page of Schedule D

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