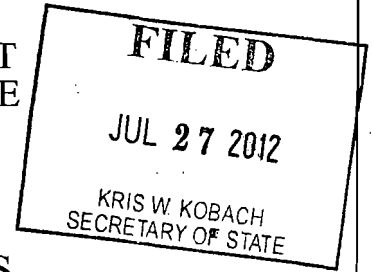


KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

July 30, 2012

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS



A. Name of Committee: **Kansas Association of Health Underwriters PAC**

Address: **2525 NW Topeka Blvd**

City and Zip Code: **Topeka, KS 66617**

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, 2012 through July 26, 2012)

1. Cash on hand at beginning of period	17.04
2. Total Contributions and Other Receipts (Use Schedule A)	0.00
3. Cash available this period (Add Lines 1 and 2)	17.04
4. Total Expenditures and Other Disbursements (Use Schedule C)	0.00
5. Cash on hand at close of period (Subtract Line 4 from 3)	17.04
6. In-Kind Contributions (Use Schedule B)	0.00
7. Other Transactions (Use Schedule D)	0.00

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."

07/26/2012

Date

Scott Day
Signature of Treasurer

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

Kansas Association of Health Underwriters 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, Loan or Other Receipt
			Cash	Check	Loan	E funds Other	
Subtotal This Page							\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$0.00
Total Unitemized Contributions (\$50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$0.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Association of Health Underwriters PAC

(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
Subtotal This Page			\$0.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$0.00
Total Unitemized Expenditures of \$50 or less	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$0.00