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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee

Name: **Kansas Association of Health Plans PAC**

Address: **825 S Kansas Ave**

Address2: **Suite 502**

City: **Topeka** State: **KS** Zip: **66612**

Business Phone: **(785) 213-0185**

Email Address: **marlee@brightcarpenter.com**

Chairperson

Name: **Sunee Mickle**

Address: **825 S Kansas**

Address2: **Suite 502**

City: **Topeka** State: **KS** Zip: **66612**

Home Telephone: Business Phone:

Email Address: **sunee.mickle@bcbsks.com**

Treasurer

Name: **Coni Fries**

Address: **825 S Kansas**

Address2: **Suite 502**

City: **Topeka** State: **KS** Zip: **66612**

Home Telephone: Business Phone:

Email Address: **coni.fries@bluekc.com**

**Affiliated or Connected
Organizations**

Name:

Address:

Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **1/9/2013 1:22:59 PM** Signature of Chairperson: **Sunee Mickle by Amy Billquist**

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Business Phone: **(785) 213-0185**

Email Address: **marlee@brightcarpenter.com**

Chairperson

Name: **Jarrold Forbes**

Address: **9900 W 109th St**

Address2: **Suite 200**

City: **Overland Park** State: **KS** Zip: **66210**

Home Telephone: Business Phone:

Email Address: **jarrold_forbes@uhg.com**

Treasurer

Name: **Gordy Johnston**

Address: **2301 Main St**

Address2:

City: **Kansas City** State: **MO** Zip: **64108**

Home Telephone: Business Phone:

Email Address: **Gordon.johnston@bluekc.com**

**Affiliated or Connected
Organizations**

Name:

Address:

Address2:

City: State: Zip:

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Executed on:

Date: **6/20/2012 11:02:59 AM** Signature of Chairperson: **Jarrold Forbes**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SECRETARY OF STATE

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee
This is an (check one) ☐ Initial Statement ☐ Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Association of Health Plans PAC

Mailing Address (Street, City, State, Zip Code)

825 S. Kansas Ave, Suite 502
Topeka, KS 66612

Business Telephone

(785) 213-0185

CHAIRPERSON

Name

Steve Robino

Home Telephone

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Mailing Address (Street, City, State, Zip Code)

825 S. Kansas Ave, Suite 502
Topeka, KS 66612

Business Telephone

(785) 213-0185

TREASURER

Name

Bill Tracey

Home Telephone

()

Mailing Address (Street, City, State, Zip Code)

825 S. Kansas Ave, Suite 502
Topeka, KS 66612

Business Telephone

(785) 213-0185

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Association of Health Plans

Mailing Address (Street, City, State, Zip Code)

825 S. Kansas Ave, Suite 502, Topeka, KS 66612

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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."

12/15/10

(Date)

Steve Robino

(Signature of Chairperson)

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