Rev.2000

TEGENVEL

Governmental Ethics Commission

JUL 1 6 2013 STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		See Reverse Side For	Instructions)	
	This is a (check one)	Party Committee	Political Action Co	mmittee FILED
	This is an (check one)	Initial Statement	✓ Amended Stateme	
			· ·	JUL 15 201
		(PLEASE TYPE O	R PRINT)	KRIS W KORACH SECRETARY OF STA
Name Kansa	s Association of Hea	Ith Underwriters PA	C	
This is an (check one) Initial Statement Amended Statement JUL 15		lephone 29-1130		
CHAIRPERSO	ON			
Name Thoma	as A. Bryon		Home Teleph (913) 3	one 85-5408
Mailing Addre 10504 Meac	ss (Street, City, State, low Lane, Leawood	Zip Code) , KS 66206	Business Te	lephone 63-3027
TREASURER				
	chweiger			
Mailing Addre 600 W. 53	ss (Street, City, State, ird Place, Mission, P	Zip Code) (\$ 66202	Business Te	lephone 529-1130
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name Kansas	s Association of Hea	Ith Underwriters		
				
If not connected (or affiliated with an orga	unization, identify the tr	ade, profession, or prima	ary interest of the contributors
"I declare that t belief is true, co	orrect and complete. I	understand that the in	tentional failure to file	•
		(Signat	On Thomas ture of Chairperson)	BRYON

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	. 1
This is a (check one) Party Committee Political Action Committee	<i>'</i>
This is an (check one) Initial Statement Amended Statement AUG 17 700	19
KS Governmen	
COMMITTEE (PLEASE TYPE OR PRINT)	<u> </u>
Name KAHUPACINC	
Mailing Address (Street, City, State, Zip Code) Business Telephone 10504 M Earlow Ln Leawtol KS GOZUG (913) 385-5408	
CHAIRPERSON	
Name Thomas A Bryon (913) 385 5408	
Mailing Address (Street, City, State, Zip Code) 10504 Wealow Lane Leavour 156206 (816)863-3027	$ \ $
TREASURER	1
Name Scott Day (785) 291-0200	
Mailing Address (Street, City, State, Zip Code) Business Telephone (785) 291-0200	
AFFILIATED OR CONNECTED ORGANIZATIONS	<u>.</u>
Name KANSAS ASSCIPTION OF HEAlth Underwritters.	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribute	tors.
	<u> </u>
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	ŀ
or intentionally filing a false document is a class A misdemeanor."	
1-16-09	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission Rev.2	.000