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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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