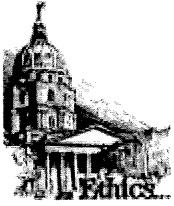


[Print this form](#) or [Go Back](#)



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

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Managed Care with Heart Co.**
Address: **PO Box 103**
Address2:
City: **Springboro** State: **OH** Zip: **45066**
Business Phone:
Email Address: **admin@managedcarewithheart.com**

Chairperson Name: **Patrick Stephan**
Address: **PO Box 103**
Address2:
City: **Springboro** State: **OH** Zip: **45066**
Home Telephone: Business Phone:
Email Address: **admin@managedcarewithheart.com**

Treasurer Name: **Patrick Stephan**
Address: **PO Box 103**
Address2:
City: **Springboro** State: **OH** Zip: **45066**
Home Telephone: Business Phone:
Email Address: **admin@managedcarewithheart.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.

Managed care

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: **3/4/2022 4:40:08 PM** Signature of Chairperson: **Patrick Stephan**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



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

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Managed Care with Heart Co.**
Address: **PO Box 307328**
Address2:
City: **Columbus** State: **OH** Zip: **43230**
Business Phone:
Email Address: **admin@managedcarewithheart.com**

Chairperson Name: **Patrick Stephan**
Address: **PO Box 307328**
Address2:
City: **Columbus** State: **OH** Zip: **43230**
Home Telephone: Business Phone:
Email Address: **admin@managedcarewithheart.com**

Treasurer Name: **Kylie Richards**
Address: **PO Box 307328**
Address2:
City: **Columbus** State: **OH** Zip: **43230**
Home Telephone: Business Phone:
Email Address: **admin@managedcarewithheart.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.

Managed care

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: **7/13/2021 11:12:22 AM** Signature of Chairperson: **Patrick Stephan**

[Print this form](#) or [Go Back](#)