

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

OCT 19 2005

Governmental Ethics Commission
108 WEST 9TH STREET
TOPEKA, KANSAS 66612

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Association of Nurse Anesthetists PAK	
Mailing Address (Street, City, State, Zip Code)	1735 SW Stutley Rd Topeka, KS 66615	Business Telephone (785) 554-1089

CHAIRPERSON

Name	Sonya Jurgens	Home Telephone (785) 478-0145
Mailing Address (Street, City, State, Zip Code)	1735 SW Stutley Rd. Topeka, KS 66615	Business Telephone (785) 554-1089

TREASURER

Name	Lisa Vautrot	Home Telephone (785) 876-2044
Mailing Address (Street, City, State, Zip Code)	5976 Ferguson Rd, Topeka, KS	Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Association of Nurse Anesthetists	
Mailing Address (Street, City, State, Zip Code)	1735 SW Stutley Rd Topeka, KS 66615	

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

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."

10/15/05
(Date)

Sonya Jurgens
(Signature of Chairperson)