

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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 type="checkbox"/> Amended Statement

RECEIVED  
DEC 13 2007

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name  
KADA-PAC

Mailing Address (Street, City, State, Zip Code) Business Telephone  
1735 SW Stutley Rd Topeka, KS 66605 (785) 478-0145

CHAIRPERSON

Name Home Telephone  
Sonya Jurgens (785) 478-0145

Mailing Address (Street, City, State, Zip Code) Business Telephone  
1735 SW Stutley Road (785) 554-1089  
Topeka, KS 66605

TREASURER

Name Home Telephone  
Ruth Morris (913) 681-2457

Mailing Address (Street, City, State, Zip Code) Business Telephone  
10437 W 125th Terrace (Same)  
Overland Park, KS 66213

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Kansas Association of Nurse Anesthetists

Mailing Address (Street, City, State, Zip Code)  
2614 Apple Drive Emporia, Kansas 66801

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."

12-5-07  
(Date)

Sonya Jurgens  
(Signature of Chairperson)