

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
FEB 04 2013
KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Association of Nurse Anesthetists CRNA PAC	
Mailing Address (Street, City, State, Zip Code) 1127 West 8th, Newton, KS 67114	Business Telephone (316) 288-6458

CHAIRPERSON

Name Jeff Glasgow CRNA	
Home Telephone (785) 393-2872	
Mailing Address (Street, City, State, Zip Code) 1005 Stonecreek Drive, Lawrence, KS 66049	Business Telephone (785) 393-2872

TREASURER

Name Ruth Morris	
Home Telephone (913) 302-6073	
Mailing Address (Street, City, State, Zip Code) 10437 W 125th Terr, Overland Park, KS 66213	Business Telephone (913) 302-6073

AFFILIATED OR CONNECTED ORGANIZATIONS

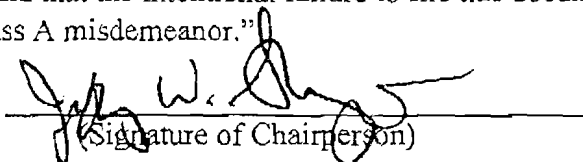
Name Kansas Association of Nurse Anesthetists	
Mailing Address (Street, City, State, Zip Code) 1127 West 8th, Newton, KS 67114	

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."

02/04/2013
(Date)


(Signature of Chairperson)