KANSAS GOVERNMENTAL ETHICS CO	MMISSION
RECEIPTS AND EXPENDITURES RE OF A POLITICAL OR PARTY COMM	ITTEE RECEIVED
July 30, 2018	JAN 172019
FILE WITH SECRETARY OF STA SEE REVERSE SIDE FOR INSTRUCT	
A. Name of Committee: Kansas Society of Anesthesiologists	
City and Zip Code: Leawood 66211	
This is a (check one): Party Committee P	Political Committee
B. Check only if appropriate: Amended Filing T	ermination Report
 C. Summary (covering the period from January 1, 2018 through July 26 1. Cash on hand at beginning of period 	
 2. Total Contributions and Other Receipts (Use Schedule A) 	
 Cash available this period (Add Lines 1 and 2) 	
4. Total Expenditures and Other Disbursements (Use Schedule C)	
5. Cash on hand at close of period (Subtract Line 4 from 3)	
6. In-Kind Contributions (Use Schedule B) 0	
7. Other Transactions (Use Schedule D) 0	
 D. "I declare that this report, including any accompanying schedules and state and to the best of my knowledge and belief is true failure to file this document or intentionally filing 12/1/18 Date Signature of Treasurer 	ements has been examined by me that the intentional meanor."