STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| | | (See Reverse Side For | Instructions) | RECEIVED | | |
|---|---|--|----------------------------|--|--|--|
| | This is a (check one) | Party Committee | Political Action Cor | | | |
| | This is an (check one) | Initial Statement | Amended Statemen | 8 2019 | | |
| | | | | CS Commission | | |
| COMMITTEE (PLEASE TYPE OR PRINT) | | | | | | |
| Name KANA CRNA PAC (Kansas Association of Nurse Anesthetists) | | | | | | |
| Mailing Address (Street, City, State, Zip Code) 5041 Mund Rd, Shawnee, KS, 66218 | | | Business Telephone | | | |
| CHAIRPERSO | DN | | | | | |
| Name Paul H | lertel | | Home Telepho (913) 66 | one 67-0167 | | |
| | ss (Street, City, State, Rd, Shawnee, KS, 6 | | Business Tel (913) 64 | ephone 45-7176 | | |
| TREASURER | · | | | | | |
| Name Paul H | lertel | | Home Telepho (913) 6 | one 667-0167 | | |
| | ss (Street, City, State, Rd, Shawnee, KS, | | Business Tel (913) 6 | ephone 645-7176 | | |
| AFFILIATED | OR CONNECTED C | RGANIZATIONS | | | | |
| Name | | | , | | | |
| Mailing Addre | ss (Street, City, State, | , Zip Code) | | | | |
| The members | _ | tists who contribute a | | ry interest of the contributors. ssues related to their | | |
| belief is true, co or intentionally | his statement has been brrect and complete. filing a false docume | I understand that the in ont is a class A misdem | Λ ι | - | | |
| (Date) | (Date) Pal Heub (Signature of Chairperson) | | | | | |
| Governmental E | Ethics Commission | | | Rev.2000 | | |

STATEMENT OF ORGANIZATION

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|---|------------------------------|--------------------|--|--|--|
| FOR POLITICAL ACTION COMMITTE | ES AND PARTY | COMMITTEES | | | |
| | | FILED | | | |
| (See Reverse Side For Instructions) | | | | | |
| This is a (check one) Party Committee | ✓ Political Action Comr | nittee NOV 02 2016 | | | |
| This is an (check one) Initial Statement | Amended Statement | RIS W. KOBACH | | | |
| COMMITTEE (PLEASE TYPE OR | R PRINT) | SECRETARY OF STATE | | | |
| Name Kansas Nurse Anesthetists Association (KANA | | | | | |
| Kansas Nurse Allesthetists Association (KANA |) - | | | | |
| Mailing Address (Street, City, State, Zip Code) | Business Telep | | | | |
| 825 S. Kansas Avenue, Suite 500 (785) 506-8795 | | | | | |
| CHAIRPERSON | | | | | |
| Name | Home Telephon | le . | | | |
| Jeff Glasgow | | 3-2872 | | | |
| Mailing Address (Street, City, State, Zip Code) 5109 Kingsmill Road, Lawrence, KS 66047 | Business Telep | phone | | | |
| TREASURER | | | | | |
| Name | Home Telephon | e | | | |
| Ruth Morris | <u>(913) 68</u> | 1-2457 | | | |
| Mailing Address (Street, City, State, Zip Code) 10437 W 125th Terrace, Overland Park, KS 66213 | Business Telep (913) 30 | 2-6073 | | | |
| AFFILIATED OR CONNECTED ORGANIZATIONS | | | | | |
| Name | | | | | |
| | | | | | |
| Mailing Address (Street, City, State, Zip Code) | | | | | |
| L | | | | | |
| If not connected or affiliated with an organization, identify the tra The members are nurse anesthetists who contribute a | | | | | |
| profession and their scope of practice. | | | | | |
| 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 misdemeaner." | | | | | |
| 10/27/16 JANWINGAM | | | | | |
| (Date) (Signatu | ire of Chairperson) | | | | |
| Governmental Ethics Commission | | Rev.2000 | | | |