

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 checked="" type="checkbox"/> Amended Statement

RECEIVED

JAN 10 2019

COMMITTEE (PLEASE TYPE OR PRINT)

KS Governmental Ethics Commission

Name	Kansas Society of Anesthesiologists PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
11709 Roe Avenue, #103D, Leawood KS 66211	(913) 269-9642	

CHAIRPERSON

Name	Home Telephone
Scott Roethle, MD	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
14000 Canterbury, Leawood KS 66223	()

TREASURER

Name	Home Telephone
Jay Nachtigal, MD	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
8425 Belinder Road, Leawood, KS 66206	()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Mailing Address (Street, City, State, Zip Code)

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

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."

(Date)

(Signature of Chairperson)

[Print this form](#) or [Go Back](#)



**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) **Party Committee** **PAC**
This is an (Check one) **Initial Appointment** **Amended Statement**

Committee
Name: **Kansas Society of Anesthesiologists PAC**
Address: **513 SW Van Buren St**
Address2:
City: **Topeka** State: **KS** Zip: **66603**
Business Phone:
Email Address: **ksa-pac@ksahq.org**

Chairperson
Name: **Scott Roethle**
Address: **5005 W 131st Terr**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
Home Telephone: Business Phone:
Email Address: **stroethle@hotmail.com**

Treasurer
Name: **Jay Nachtigal**
Address: **8425 Belinder Rd**
Address2:
City: **Leawood** State: **KS** Zip: **66206**
Home Telephone: Business Phone:
Email Address: **jdnachtigal@icloud.com**

Affiliated or Connected Organizations
Name:
Address: **5005 W 131st Terr**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
Anesthesiologists

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.

Executed on:
Date: **1/8/2018 1:29:03 PM** Signature of Chairperson: **Scott Roethle**

[Print this form](#) or [Go Back](#)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

SEP 15 2017

KRIS W. KOBACH
SECRETARY OF STATE

(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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Society of Anesthesiologists PAC (KSAPAC)	
Mailing Address (Street, City, State, Zip Code)	MS 1034, 3901 Rainbow Blvd Kansas City, Kansas 66160	
Business Telephone	(913) 588 3302	

CHAIRPERSON

Name	Scott Ruethe	Home Telephone	()
Mailing Address (Street, City, State, Zip Code)	5005 W 131 Terr Leawood KS 66209		
Business Telephone	(913) 653-9151		

TREASURER

Name	Jay Nachtigal	Home Telephone	()
Mailing Address (Street, City, State, Zip Code)	MS 1034, 3901 Rainbow Blvd Kansas City, KS 66160		
Business Telephone	(913) 908 5232		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Society of Anesthesiologists		
Mailing Address (Street, City, State, Zip Code)	MS 1034, 3901 Rainbow Blvd Kansas City, KS 66160		

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
medical and healthcare advocacy particularly physician led anesthesia care

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."

9/6/17
(Date)

[Signature]
(Signature of Chairperson)