

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) Party Committee Political Action Committee
 This is an (check one) Initial Statement Amended Statement

FILED
 MAY 20 2020
 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Association of Nurse Anesthetists CRNA PAC *

Mailing Address (Street, City, State, Zip Code) 2866 N Wilderness Ct
 Business Telephone ()

CHAIRPERSON

Name Brian Fleeman Home Telephone (316) 518-1726
 Mailing Address (Street, City, State, Zip Code) 14 Oakwood Lane, Hutchinson, KS 67502
 Business Telephone (316) 518-1726

TREASURER

Name Donna Vierthaler Home Telephone (316) 648-6107
 Mailing Address (Street, City, State, Zip Code) Business Telephone (316) 648-6107

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Association of Nurse Anesthetists
 Mailing Address (Street, City, State, Zip Code) PO Box 4006 Lawrence, KS 66046

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. The members are nurse anesthetists who contribute and are interested in issues related to their 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 misdemeanor."

* Brian Fleeman
Mailing signed
copy

(Date)

(Signature of Chairperson)

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**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: **KANA CRNA PAC**
Address: **2866 N Wilderness Ct**
Address2:
City: **Wichita** State: **KS** Zip: **67226**
Business Phone: **(316) 648-6107**
Email Address: **donna.vierthaler@gmail.com**

Chairperson Name: **Brian Fleeman**
Address: **14 Oakwood Lane**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: **(316) 518-1726** Business Phone: **(316) 518-1726**
Email Address: **bfleeman4@gmail.com**

Treasurer Name: **Donna Vierthaler**
Address: **2866 N Wilderness Ct**
Address2:
City: **Wichita** State: **KS** Zip: **67226**
Home Telephone: **(316) 687-1515** Business Phone: **(316) 648-6107**
Email Address: **donna.vierthaler@gmail.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Association of Nurse Anesthetists**
Address: **PO Box 4006**
Address2:
City: **Lawrence** State: **KS** Zip: **66046**

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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: **1/10/2020 9:53:29 AM** Signature of Chairperson: **Brian Fleeman**

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) Party Committee Political Action Committee
 This is an (check one) Initial Statement Amended Statement

FILED

SEP 30 2019

SCOTT SCHWAB
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name KANA CRNA PAC (Kansas Association of Nurse Anesthetists)

Mailing Address (Street, City, State, Zip Code) Business Telephone
 2866 N Wilderness CT ()

CHAIRPERSON

Name Home Telephone
 Brian Fleeman (316) 518-1726

Mailing Address (Street, City, State, Zip Code) Business Telephone
 14 Oakwood Lane, Hutchinson, KS 67502 (316) 518-1726

TREASURER

Name Home Telephone
 Donna Vierthaler (316) 687-1515

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 2866 N Wilderness Ct, Wichita, KS 67226 (316) 648-6107

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

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

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9/23/2019
 (Date)


 (Signature of Chairperson)