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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: **Kansas Society of Anesthesiologists**  
Address: **11709 Roe Ave #103D**  
Address2:  
City: **Leawood** State: **KS** Zip: **66211**  
Business Phone:  
Email Address: **nmoynihan@kcmedicine.org**

**Chairperson** Name: **Jay Nachtigal**  
Address: **11709 Roe Ave #103D**  
Address2:  
City: **Leawood** State: **KS** Zip: **66211**  
Home Telephone: Business Phone:  
Email Address: **jnachtigal@kumc.edu**

**Treasurer** Name: **Erin Plaza**  
Address: **11709 Roe Ave #103D**  
Address2:  
City: **Leawood** State: **KS** Zip: **66211**  
Home Telephone: Business Phone:  
Email Address: **eplaza@kumc.edu**

**Affiliated or Connected Organizations** Name:  
Address:  
Address2:  
City: State: Zip:

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

**Physicians, 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: **1/10/2020 11:44:39 AM** Signature of Chairperson: **Jay Nachtigal**

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# 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)