

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)