

[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**
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**

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