## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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
This is an (check one)	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name K-S-A PAC	
Mailing Address (Street, City, State, Zip Code) 13011 W. 54th Terrace	Business Telephone (630 ) 951-9600
CHAIRPERSON	
Name Megan Folsom	Home Telephone ( 630 ) 951-9600
Mailing Address (Street, City, State, Zip Code) 13011 W. 54th Terrace	Business Telephone ( 913 ) 588-5000
TREASURER	
Name James Kindscher	Home Telephone ( 913 ) 645-9788
Mailing Address (Street, City, State, Zip Code) 13011 W. 54th Terrace	Business Telephone ( 913 ) 588-5000
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas Society of Anesthesiologists	
Mailing Address (Street, City, State, Zip Code) 623 SW 10th Ave, Topeka, KS 66612	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.	
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.	
9/6/2024	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000