

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

JUN 27 2016

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Medical Society Political Action Committee

Mailing Address (Street, City, State, Zip Code)
623 SW 10th Ave., Topeka, KS 66612

Business Telephone
(785) 235-2383

CHAIRPERSON

Name Douglas J. Milfeld MD

Home Telephone
()

Mailing Address (Street, City, State, Zip Code)
623 SW 10th Ave., Topeka, KS 66612

Business Telephone
(785) 235-2383

TREASURER

Name C. Richard Bonebrake MD

Home Telephone
()

Mailing Address (Street, City, State, Zip Code)
623 SW 10th Ave., Topeka, KS 66612

Business Telephone
(785) 235-2383

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Medical Society

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."

6/2/16
(Date)

Douglas J. Milfeld MD
(Signature of Chairperson)

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RECEIVED

JUL 02 2014

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

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Name Kansas Medical Society

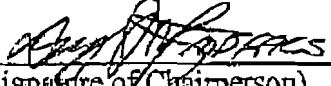
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6/30/2014
(Date)


(Signature of Chairperson)