STATEMENT OF ORGANIZATION

FOR PC	DLITICAL ACTI	ON COMMITTE	EES AND PARTY C	COMMITTEES
				RECEIVED
	F	(See Reverse Side For	Instructions)	OCT 0 4 2017
	This is a (check one)	Party Committee	Political Action Comm	inee
	This is an (check one)	Initial Statement	Amended Statement	KRIS W. KOBACH SECRETARY OF STATE
COMMITTER	7	(PLEASE TYPE O	D DDINITY	
Nama				
Kansa	as Medical Society F	Political Action Comm	nittee	
	ess (Street, City, State,		Business Telep	I
623 8	623 SW 10th Ave., Topeka, KS 66612 (785) 235-23			-2383
CHAIRPERS	ON			
Name			Home Telephone	e .
	las J. Milfeld, MD		(
	ess (Street, City, State,		Business Telep	
623 S	W 10th Ave., Topek	a, KS 66612	(785) 235	-2383
TREASURER	<u> </u>			
Name			Home Telephone	e
Jerry	Slaughter		()	
	ess (Street, City, State, SW 10th Ave., Tope		Business Telep (785) 23	hone 5-2383
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AFFILIATED	OR CONNECTED O	RGANIZATIONS_		
Name Kansa	as Medical Society			
ļ	ess (Street, City, State,	Zin Code)		
_	SW 10th Ave., Topel	• •		
If not connected	or affiliated with an org	ganization, identify the tr	rade, profession, or primary i	interest of the contributors.
				
SIGNATURE				
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(Date)		Signal (ture of Chairperson)	
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Governmental 1	Ethics Commission			Rev.2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	THE THE				
This is	s a (check one)	Party Committee	Political Action	Committee FILED	
This is	s an (check one)	Initial Statement	✓ Amended State	JUN 2 7 2016	
		ANT EAGE WANT O		KRIS W. KOBACH	
COMMITTEE		(PLEASE TYPE O	R PRINT)	SECRETARY OF STATE	
Name Kansas Med	lical Society P	olitical Action Comn	nittee		
Mailing Address (Str 623 SW 100	Telephone 235-2383				
CHAIRPERSON					
Name Douglas J. M	/ilfeld MD	Home Tel	ephone		
Mailing Address (Street, City, State, Zip Code) 623 SW 10th Ave., Topeka, KS 66612			Business (785)	Business Telephone (785) 235-2383	
TREASURER					
Name C. Richard E	Bonebrake MD		Home Tel	ephone	
Mailing Address (Street, City, State, Zip Code) 623 SW 10th Ave., Topeka, KS 66612			Business (785	Telephone 235-2383	
AFFILIATED OR CO	ONNECTED O	RGANIZATIONS			
Name Kansas Med	lical Society				
Mailing Address (Str 623 SW 10th	eet, City, State, n Ave., Topeka	• ′			
If not connected or affili	ated with an org	anization, identify the ti	rade, profession, or pri	mary interest of the contributors.	
SIGNATURE: "I declare that this state belief is true, correct a or intentionally filing	and complete. I	understand that the in	tentional failure to f	-	
(Date)		(Signa	ture of Champerson)	····	
Governmental Ethics (Commission			Rev.2000	