

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

RECEIVED

OCT 04 2017

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)	Business Telephone	
623 SW 10th Ave., Topeka, KS 66612	(785)	235-2383

CHAIRPERSON

Name	Home Telephone
Douglas J. Milfeld, MD	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
623 SW 10th Ave., Topeka, KS 66612	(785) 235-2383

TREASURER

Name	Home Telephone
Jerry Slaughter	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
623 SW 10th Ave., Topeka, KS 66612	(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."

9/29/17

(Date)



(Signature of Chairperson)