## STATEMENT OF ORGANIZATION

FOR PO	DLITICAL ACT	ON COMMITTE	EES A	ND PARTY CO	MITTEES	
(See Reverse Side For Instructions)					RECEIVED	
	This is a (check one)	Party Committee		Political Action Committee	OCT 04 2017	
	This is a (check one)		است	· · · · · · · · · · · · · · · · · · ·	KRIS W. KOBACH	
	This is an (check one)	Initial Statement	V	Amended Statement	SECRETARY OF STATE	
COMMITTEE	<u> </u>	(PLEASE TYPE O	R PRIN	T)		
Name Kansa	as Medical Society F	Political Action Comm	nittee			
Mailing Address (Street, City, State, Zip Code)				Business Telephone		
623 SW 10th Ave., Topeka, KS 66612 (785) 235-23				33		
CHAIRPERSO	ON					
Name Home Teleph				Home Telephone		
Douglas J. Milfeld, MD				( )		
Mailing Address (Street, City, State, Zip Code) 623 SW 10th Ave., Topeka, KS 66612				Business Telephone ( 785 ) 235-2383		
023 3	vv Totil Ave., Topek	a, 10 000 12		(100 ) 200-200		
TREASURER						
Name				Home Telephone		
Jerry	Slaughter			<u>(</u> )		
	ess (Street, City, State SW 10th Ave., Tope			Business Telephone (785) 235-23		
	, , , , , , ,			(100 )		
AFFILIATED	OR CONNECTED C	RGANIZATIONS_				
Name Kansa	as Medical Society					
Mailing Addre	ess (Street, City, State	. Zip Code)				
1	SW 10th Ave., Tope	•				
If not connected	or affiliated with an org	ganization, identify the tr	ade, pro	fession, or primary interest	est 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/a						
(Date)		Riona	ture of	Chairperson)		
` ,	Ethios Commission	Otsia	out our		D 2000	
Governmental I	Ethics Commission				Rev.2000	