

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

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Mailing Address (Street, City, State, Zip Code)

Business Telephone
()

CHAIRPERSON

Name

Home Telephone
()

Mailing Address (Street, City, State, Zip Code)

Business Telephone
()

TREASURER

Name

Home Telephone
()

Mailing Address (Street, City, State, Zip Code)

Business Telephone
()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

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.”

(Date)

(Signature of Chairperson)

INSTRUCTIONS

This form must be completed by the chairperson of each party committee and political committee which anticipates receiving contributions or making expenditures and must be filed with the Secretary of State (Memorial Hall - 1st floor, 120 SW 10th, Topeka, Kansas 66612). The chairperson of each such committee is required to file this statement not later than ten (10) days after the establishment of the committee or whenever there is a change in the information previously reported.

Please note, KSA 25-4145 requires the name of the committee to reflect the full name of the organization the committee is connected or affiliated with. If the political committee is not connected or affiliated with any one organization, the name shall reflect the trade, profession or primary interest of the committee as reflected by the organization's statement of purpose.