

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE**

IF YOUR COMMITTEE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MORE IN CALENDAR YEAR 2009 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FROM ANY ONE CONTRIBUTOR, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by the treasurer of any party committee or political action committee which qualifies for the exemption.

THIS AFFIDAVIT MUST BE FILED WITH THE SECRETARY OF STATE (120 SW 10th, 1st Floor Memorial Hall, TOPEKA, KANSAS 66612) PRIOR TO JANUARY 10, 2010. If a party or political action committee qualifies for this exemption, a Statement of Organization still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)

PLEASE PRINT OR TYPE

A. Name of Committee _____

Address _____ City _____ Zip Code _____

Telephone _____

B. Name of Treasurer _____

Address _____ City _____ Zip Code _____

Home Telephone _____ Business Telephone _____

C. Affidavit:

State of Kansas)

County of _____)

I, _____, treasurer of the _____

do swear (or affirm) that:

(Name of Party or Political Action Committee)

1. The information in Items A and B above is true and correct;
2. In the non-election year to which this affidavit applies, the above party or political action committee expended or contracted to expend, an aggregate amount or value of less than five hundred dollars (\$500);
3. In the non-election year to which the affidavit applies, the above party or political action committee received contributions in an aggregate amount or value of less than five hundred dollars (\$500);
4. In the non-election year to which this affidavit applies, the above party or political action committee received no contributions in an aggregate amount or value in excess of fifty dollars (\$50) from any one contributor.

(Date)

(Signature of Treasurer)

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20 _____

(Notary Public)

(Seal)

My Appointment Expires _____, 20 _____