FILED
AUG 12 2010
SECRETARY OF STATE

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
THE TORY PARTY PAC #783 LOYALIST

Mailing Address (Street, City, State, Zip Code) | Business Telephone
P.O BOX 363, HOLLYWOOD AL, 35752 | (256) 628-0709

CHAIRPERSON

Name | Home Telephone
L.E. NIX | (256) 628-0709

Mailing Address (Street, City, State, Zip Code) | Business Telephone
P.O. BOX 363 HOLLYWOOD AL, 35752 | (256) 628-0709

TREASURER

Name | Home Telephone
ROBERT SHERMAN NIX III | (256) 628-0709

Mailing Address (Street, City, State, Zip Code) | Business Telephone
P.O. BOX 363, HOLLYWOOD, AL, 35752 | (256) 628-0709

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
JOY JUBILEE OF YEOMAN

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.
Persons concerned with interest of disabled ~~persons~~ persons; advocacy

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."

Aug 11-2010
(Date)

L.E. Nix
(Signature of Chairperson)
Vice-Chairperson

Governmental Ethics Commission Rev.2000

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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) [ ] **Party Committee** [✓] **PAC**

This is an (Check one) [✓] **Initial Appointment** [ ] **Amended Statement**

Committee
Name: **Joy Jubilee of Yeoman Aka The Tory Party One Seven Eight Three**
Address: **1413 Alder Avenue**
Address2:
City: **Lewiston** State: **ID** Zip: **83501**
Business Phone:
Email Address: **joy_4u2_pac@yahoo.com**

Chairperson
Name: **L. E. Nix**
Address: **P.O. Box 363**
Address2:
City: **Hollywood** State: **AL** Zip: **35752**
Home Telephone: Business Phone:
Email Address: **joy_4u2_pac@yahoo.com**

Treasurer
Name: **Robert Nix**
Address: **P.O. Box 363**
Address2:
City: **Holywood** State: **AL** Zip:**35752**
Home Telephone: Business Phone:
Email Address: **robert_sherman_nix_iii@yahoo.com**

Affiliated or Connected Organizations
Name:
Address:
Address2:
City: State: Zip:
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:
Date: **7/8/2010 1:52:24 AM** Signature of Chairperson: **L. E. Nix**

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