

STATEMENT OF ORGANIZATION

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JUL 21 2011

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name KANNABIS PROJECT

Mailing Address (Street, City, State, Zip Code)
PO BOX 20973

Business Telephone
(316) 516-4825

CHAIRPERSON

Name JASON SELMON

Home Telephone
(316) 516-4825

Mailing Address (Street, City, State, Zip Code)
1033 N. TERRACE WICHITA, KS. 67208

Business Telephone
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TREASURER

Name SARAH STEPHENS

Home Telephone
(316) 619-7612

Mailing Address (Street, City, State, Zip Code)
1033 N. TERRACE WICHITA, KS. 67208

Business Telephone
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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.

TO REFORM MARIJUANA LAWS IN KANSAS

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."

7-5-11
(Date)

(Signature of Chairperson)