

# STATEMENT OF ORGANIZATION

## 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 <i>Kenneth Project</i>	
Mailing Address (Street, City, State, Zip Code) <i>2201 E 13th St. Suite A</i>	Business Telephone <i>(316) 737-5911</i>

### CHAIRPERSON

Name <i>ESAU FREEMAN</i>	Home Telephone <i>(316) 737-5911</i>
Mailing Address (Street, City, State, Zip Code) <i>601 N TERRACE WICHITA KS</i>	Business Telephone <i>(316) 737-5911</i>

### TREASURER

Name <i>JASON SELMON</i>	Home Telephone <i>(316) 516-4825</i>
Mailing Address (Street, City, State, Zip Code) <i>2201 E 13th St. Suite A</i>	Business Telephone <i>(316) 516-4825</i>

### 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."

*12/13/2012*  
(Date)

*[Signature]*  
(Signature of Chairperson)

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### 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  
( )

### TREASURER

Name SARAH STEPHENS

Home Telephone  
(316) 619-7612

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

Business Telephone  
( )

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name

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

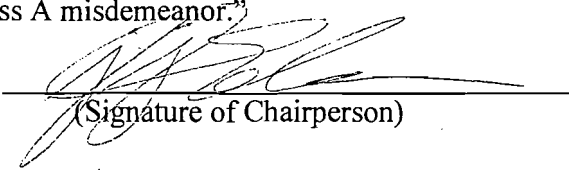
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7-5-11  
(Date)

  
(Signature of Chairperson)