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 Kansas Project	
Mailing Address (Street, City, State, Zip Code) 2201 E 13th St. Suite A	Business Telephone (316) 737-5911

CHAIRPERSON

Name Esau Freeman	Home Telephone (316) 737-5911
Mailing Address (Street, City, State, Zip Code) 601 N Terrace Wichita Ks	Business Telephone (316) 737-5911

TREASURER

Name Jason Selmon	Home Telephone (316) 516-4825
Mailing Address (Street, City, State, Zip Code) 2201 E 13th St. Suite A	Business Telephone (316) 516-4825

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 of Chairperson)