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# STATEMENT OF ORGANIZATION

SEP 30 2010

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Reform Party of Kansas

Mailing Address (Street, City, State, Zip Code)  
11530 N. Rock Rd, Valley Center, KS 67147

Business Telephone  
( 316 ) 573-3231

### CHAIRPERSON

Name Derek Langseth

Home Telephone  
( 316 ) 573-3231

Mailing Address (Street, City, State, Zip Code)  
11530 N. Rock Rd., Valley Center, KS 67147

Business Telephone  
( )

### TREASURER

Name Tony Mattia

Home Telephone  
( 785 ) 456-8144

Mailing Address (Street, City, State, Zip Code)  
203 Ruths Ln, Wamego, KS 66547

Business Telephone  
( 785 ) 456-8513

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name Reform Party (National)

Mailing Address (Street, City, State, Zip Code)  
PO BOX 19, Monroe, CT, 06468

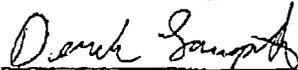
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

### 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."

9-29-2010

(Date)



(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED  
JUN 09 2005

JUN 10 2005

(See Reverse Side For Instructions)

Governmental Ethics Commission  
105 WEST 9TH STREET  
TOPEKA, KANSAS 66612

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name <b>Reform Party of Kansas</b>	
Mailing Address (Street, City, State, Zip Code) <b>1106 N 7<sup>th</sup> St.; St. Marys, KS 66536-1815</b>	Business Telephone ( <b>785</b> ) <b>341-8777</b>

CHAIRPERSON

Name <b>Joseph Martin</b>	Home Telephone ( <b>785</b> ) <b>341-8777</b>
Mailing Address (Street, City, State, Zip Code) <b>1106 N 7<sup>th</sup> St.; St. Marys, KS 66536-1815</b>	Business Telephone ( <b>785</b> ) <b>456-8604 x 118</b>

TREASURER

Name <b>Anthony (Tony) Mattia</b>	Home Telephone ( <b>785</b> ) <b>456-3796</b>
Mailing Address (Street, City, State, Zip Code) <b>203 Ruths Ln.; Wamego, KS 66547-9014</b>	Business Telephone ( <b>785</b> ) <b>456-8144</b>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <b>Reform Party of USA (no change)</b>
Mailing Address (Street, City, State, Zip Code) <b>420 1/2 South 22<sup>nd</sup> Ave.; Hattiesburg, MS 39401</b>

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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."

5/26/2005  
(Date)

*Joseph Martin*  
(Signature of Chairperson)