

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

RECEIVED  
 JAN 07 2015  
 KRIS W. KOBACH  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Libertarian Party of Saline County	
Mailing Address (Street, City, State, Zip Code)	2701 Deborah Drive Salina, KS 67401	Business Telephone ( 785 ) 826 - 6771

CHAIRPERSON

Name	DC Hannah	Home Telephone ( 785 ) 224 - 0236
Mailing Address (Street, City, State, Zip Code)	1212 N. Seventh St. Salina, KS 67401	Business Telephone ( ) same

TREASURER

Name	Robert Bohm	Home Telephone ( ) same as below
Mailing Address (Street, City, State, Zip Code)	2701 Deborah Drive Salina, KS 67401	Business Telephone ( 785 ) 826 - 6771

AFFILIATED OR CONNECTED ORGANIZATIONS

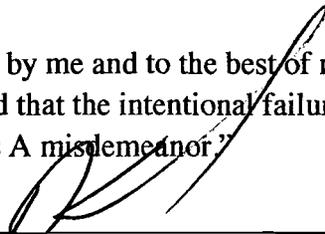
Name	Libertarian Party of Kansas	
Mailing Address (Street, City, State, Zip Code)	P. O. Box 2456 Wichita, KS 67201	

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."

1-5-15  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
(Signature of Chairperson)

DC Hannah

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED  
MAY 21 2014  
KRIS W. KOBACH  
SECRETARY OF STATE

(See Reverse Side For Instructions)

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 Libertarian Party of Saline County	
Mailing Address (Street, City, State, Zip Code) 501 Sun Saline, KS 67401	Business Telephone (785) 826-6771

CHAIRPERSON

Name DC Hannah	Home Telephone (785) 224-0236
Mailing Address (Street, City, State, Zip Code) P.O. Box 52 New Cambria, KS 67470	Business Telephone (785) 224-0236

TREASURER

Name Robert Bohm	Home Telephone (785) 826-6771
Mailing Address (Street, City, State, Zip Code) 501 Sun Saline, KS 67401	Business Telephone (785) 826-6771

AFFILIATED OR CONNECTED ORGANIZATIONS

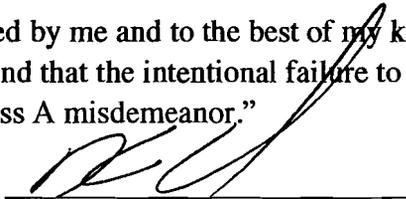
Name Libertarian Party of Kansas
Mailing Address (Street, City, State, Zip Code) P.O. Box 2456 Wichita, KS 67201

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."

5-19-14  
(Date)

  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED  
SEP 27 2013  
KRIS W. KOBACH  
SECRETARY OF STATE

(See Reverse Side For Instructions)

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Libertarian Party of Saline County

Mailing Address (Street, City, State, Zip Code): 422 Jupiter Ave., Salina, KS 67401

Business Telephone: (785) 825-6694

CHAIRPERSON

Name: Michael D. Trow

Home Telephone: (785) 643-6416

Mailing Address (Street, City, State, Zip Code): 740 S. Ninth St.

Business Telephone: ( )

TREASURER

Name: Michael L. Wilson

Home Telephone: (785) 825-6694

Mailing Address (Street, City, State, Zip Code): 422 Jupiter Ave., Salina, KS 67401

Business Telephone: ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: Libertarian Party of Kansas

Mailing Address (Street, City, State, Zip Code): P.O. Box 2456 Wichita, KS 67201

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."

9-21-13  
(Date)

Michael D. Trow  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

REC'D

SEP 09 2013

(See Reverse Side For Instructions)

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 type="checkbox"/> Amended Statement

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	LIBERTARIAN Party of SALINE County	
Mailing Address (Street, City, State, Zip Code)	422 JUPITER SALINA, KS. 67401 7379	
Business Telephone	(785) 285-6689	

CHAIRPERSON

Name	Michael D. Trow	Home Telephone	(785) 643-6416	
Mailing Address (Street, City, State, Zip Code)	740 S. 9th		Business Telephone	(785) 309-3606

TREASURER

Name	Mike Wilson	Home Telephone	(785) 825-6689	
Mailing Address (Street, City, State, Zip Code)	422 JUPITER SALINA, KS. 67401-7379		Business Telephone	(785) 925-6694

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	LIBERTARIAN Party of KANSAS		
Mailing Address (Street, City, State, Zip Code)	Box 2456 WICHITA, KS. 67201		

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."

9-3-13 (Date)

Michael D. Trow (Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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 type="checkbox"/> Amended Statement

RECEIVED  
AUG 27 2013  
GOVERNMENTAL ETHICS COMMISSION

### COMMITTEE (PLEASE TYPE OR PRINT)

Name	Libertarian Party of Saline County			
Mailing Address (Street, City, State, Zip Code)	422 Juniper Ave., Salina, Kansas 67401 - 7379		Business Telephone	(785 ) 822 - 8364

### CHAIRPERSON

Name	Michael Trow	Home Telephone	( ) ( )		
Mailing Address (Street, City, State, Zip Code)				Business Telephone	( ) ( )

### TREASURER

Name	Michael Wilson	Home Telephone	(785 ) 822 - 8604	
Mailing Address (Street, City, State, Zip Code)	422 Juniper Ave., Salina, Kansas 67401 - 7379		Business Telephone	(785 ) 822 - 8604

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Libertarian Party of Kansas		
Mailing Address (Street, City, State, Zip Code)	P.O. Box 2456, Wichita, KS 67201		

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

### 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."

8/22/13  
(Date)

*Al Trow*  
(Signature of Chairperson)