

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

FILED
JAN 22 2016
 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 Dr. Salina 67901

Business Telephone (785) 826-6771

CHAIRPERSON

Name Michael D. Trow Home Telephone (785) 693-6416

Mailing Address (Street, City, State, Zip Code) 740 S. Ninth St. Salina 67901

Business Telephone ()

TREASURER

Name Robert Bohm Home Telephone ()

Mailing Address (Street, City, State, Zip Code) 2701 Deborah Dr. Salina 67901

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."

1-16-2016
(Date)

Michael D. Trow
(Signature of Chairperson)