

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
 JUL 23 2014
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name First Congressional District Campaign Committee of the KS Libertarian Party ~~First~~

Mailing Address (Street, City, State, Zip Code) P.O. Box 26 Dwight, KS 66849 - 0026

Business Telephone (913) 269 - 0343

CHAIRPERSON

Name Michael L. Wilson

Home Telephone (785) 825 - 6694

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

Business Telephone (785) 825 - 6694

TREASURER

Name Barry Albin

Home Telephone (620) 767 - 6882

Mailing Address (Street, City, State, Zip Code) 24 N. Neosho, Apt. 5B, Council Grove, KS 66846

Business Telephone (913) 269 - 0343

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."

7-17-2014
(Date)

Michael L. Wilson
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
JAN 02 2013

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

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 type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name <i>First Congressional District Campaign Committee of the KS Libertarian Party</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 26, Dwight, KS 66849-0026</i>	Business Telephone <i>(913) 269-0343</i>

CHAIRPERSON

Name <i>Mike Wilson</i>	Home Telephone <i>(785) 825-6697</i>
Mailing Address (Street, City, State, Zip Code) <i>422 Jupiter Ave., Salina, KS 67401</i>	Business Telephone <i>()</i>

TREASURER

Name <i>Barry Albin</i>	Home Telephone <i>(620) 767-6882</i>
Mailing Address (Street, City, State, Zip Code) <i>24 N. Neosho St. Council Grove, KS 66846</i>	Business Telephone <i>(913) 269-0343</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Kansas Libertarian Party</i>
Mailing Address (Street, City, State, Zip Code) <i>15515 W. 80th St., Lenexa, KS 66219</i>

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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."

12/30/12
(Date)

Mike Wilson
(Signature of Chairperson)

5