

RECEIVED

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 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 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
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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)