

[Print this form](#) or [Go Back](#)



### Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Progressive Caucus of the Kansas Democratic Party**  
Address: **6201 W 67th St**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66202**  
Business Phone:  
Email Address: **annepritt@me.com**

**Chairperson** Name: **Anne Pritchett**  
Address: **6201 W 67th St**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66202**  
Home Telephone: **(913) 940-4414** Business Phone:  
Email Address: **annepritt@me.com**

**Treasurer** Name: **Gary Martens**  
Address: **821 Highland Ave**  
Address2:  
City: **Salina** State: **KS** Zip: **67401**  
Home Telephone: Business Phone:  
Email Address: **glm67401@yahoo.com**

**Affiliated or Connected Organizations** Name: **Kansas Democratic Party**  
Address: **PO Box 1914**  
Address2:  
City: **Topeka** State: **KS** Zip:

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

**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.**

Executed on:  
Date: **12/19/2018 12:56:14 PM** Signature of Chairperson: **Anne Pritchett**

[Print this form](#) or [Go Back](#)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED  
JUN 13 2016  
KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" 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  
*PROGRESSIVE CAUCUS OF THE KANSAS DEMOCRATIC PARTY*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*800 N. MARKET WICHITA KS 67214 (785) 220-2355*

CHAIRPERSON

Name Home Telephone  
*THOMAS WETA (785) 220-2355*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*800 N MARKET WICHITA KS 67214 ( )*

TREASURER

Name Home Telephone  
*GARY MARIENS (785) 826-7576*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*821 HIGHLAND AVE SALINA 67041 ( )*

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
*KANSAS DEMOCRATIC PARTY*

Mailing Address (Street, City, State, Zip Code)  
*PO BOX 1914 TOPEKA KS 66601*

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."

*6.9.16*  
(Date)

*[Signature]*  
(Signature of Chairperson)