AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS RECEIVED BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE JAN 0 6 2020

IF YOUR COMMITTEE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MOSECUTION AND AR YEAR 2019 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FIXON FORM OF STATE CONTRIBUTOR, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by the treasurer of any party committee or political action committee which qualifies for the exemption.

THIS AFFIDAVIT MUST BE FILED WITH THE SECRETARY OF STATE (120 SW 10th, 1st Floor Memorial Hall, TOPEKA, KANSAS 66612) PRIOR TO January 10, 2020. If a party or political action committee qualifies for this exemption, a Statement of Organization still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)

	PLEASE PRINT OR TYPE	
A.	Name of Committee Kansas Peoples Action Political Fund	
	Address 1751 N Ash Street City Wichita, KS Zip Code 67214	
	Telephone 316-264-9972	
B.	Name of Treasurer Dorlan Bales	
	Address 818 W. 33rd Street N City Wichita, KS Zip Code 67204	
	Home Telephone 316-200-6200 (mobile) Business Telephone	
C.	Affidavit: State of Kansas County of Sedgwick	
	I, Dorlan Bales , treasurer of the	
	Kansas Peoples Action Political Fund do swear (or affirm) that:	
	(Name of Party or Political Action Committee)	
;	 The information in Items A and B above is true and correct; In the non-election year to which this affidavit applies, the above party or political action committee expended or contracte expend, an aggregate amount or value of less than five hundred dollars (\$500); In the non-election year to which the affidavit applies, the above party or political action committee received contribution an aggregate amount or value of less than five hundred dollars (\$500); In the non-election year to which this affidavit applies, the above party or political action committee received no contribution in an aggregate amount or value in excess of fifty dollars (\$50) from any one contributor. 	ıs in
	(Date) (Signature of Treasurer)	
	Subscribed and sworn to (affirmed) before me this	
	My Appointment Expires 10-4-23 My Appointment Expires 10-4, 20 23	

Rev. 2019

Governmental Ethics Commission