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**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: **Mainstream Political Action Committee**

Address: **PO Box 861086**

Address2:

City: **Shawnee** State: **KS** Zip: **66286-1086**

Business Phone: **(913) 649-3326**

Email Address: **Treasurer@mainpac.org**

**Chairperson** Name: **Mark Holland**

Address: **435 N 19th St**

Address2:

City: **Kansas City** State: **KS** Zip: **66102**

Home Telephone: **(913) 299-3569** Business Phone:

Email Address: **mhollandkck@gmail.com**

**Treasurer** Name: **Sally Levitt**

Address: **14350 W 133rd St**

Address2: **Unit 104**

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: **(913) 440-9786** Business Phone: **(913) 481-4222**

Email Address: **sallylev@outlook.com**

**Affiliated or** Name: **The Original Mainstream Coalition, Est. 1994, Inc**

**Connected** Address: **6750 Antioch Rd**

**Organizations** Address2: **Ste 305G**

City: **Merriam** State: **KS** Zip: **66204**

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: **2/10/2021 11:56:18 PM** Signature of Chairperson: **Mark Holland**

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**FILED**

JUL 03 2018

KRIS W. KOBACH  
SECRETARY OF STATE

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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	THE MAINSTREAM POLITICAL ACTION COMMITTEE	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
PO BOX 861086, SHAWNEE KS 66286-1086	( 913 ) 649-3326	

### CHAIRPERSON

Name	Home Telephone
SHEL ROUFA	( 913 ) 469-0355
Mailing Address (Street, City, State, Zip Code)	Business Telephone
2000 W 123rd TER, LEAWOOD KS 66209	( 913 ) 209-2351

### TREASURER

Name	Home Telephone
SALLY LEVITT	( 913 ) 839-1574
Mailing Address (Street, City, State, Zip Code)	Business Telephone
PO BOX 4604, OLATHE KS 66063-4604	( 913 ) 481-4222

### AFFILIATED OR CONNECTED ORGANIZATIONS

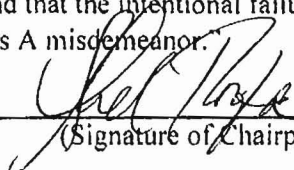
Name	THE MAINSTREAM COALITION, INC
Mailing Address (Street, City, State, Zip Code)	5960 DEARBORN ST, #213, MISSION KS 66202

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."

June 27, 2018  
(Date)

  
(Signature of Chairperson)