

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

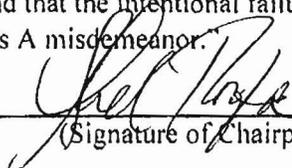
Name	THE MAINSTREAM COALITION, INC
Mailing Address (Street, City, State, Zip Code)	5960 DEARBORN ST, #213, MISSION KS 66202

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)