## **RECEIVED**

FEB 08 2022

SCOTT SCHWAR

SECRETARY OF STATE

## AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE

IF YOUR COMMITTEE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MORE IN CALENDAR YEAR 2021 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FROM ANY ONE 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, 2022. 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)

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	LEASE PRINT OR TYPE	
A. Name of Committee Kansans for a Progres	ssive House	
Address 6504 E Farmview	City Wichita	Zip Code 67206
Telephone 405-308-2145	_	
B. Name of Treasurer 'Haley Kottler		
Address 6504 E Farmview	c <sub>ity</sub> _Wlchita	Zip Code 67206
Home Telephone 405-308-2145		
C. Affidavit: State of Kansas County of Sedgwick		
<sub>I,</sub> Haley Kottler	, treasurer of the	
Kansans for a Progressive House		do swear (or affirm) that:
(Name of Party or Political	Action Committee)	do anom (or ornin) man.
<ol> <li>The information in Items A and B above is true.</li> <li>In the non-election year to which this affidavi expend, an aggregate amount or value of less.</li> <li>In the non-election year to which the affidavi an aggregate amount or value of less than five.</li> <li>In the non-election year to which this affidavi in an aggregate amount or value in excess of formation of the property of the</li></ol>	t applies, the above party or politic than five hundred dollars (\$500); it applies, the above party or polit e hundred dollars (\$500); it applies, the above party or politi	ical action committee received contributions is
Subscribed and sworn to (affirmed) before me the SUDARSHAN SHARMAN NOTARY PUBLICATION OF THE PUBLICATION OF	_	Notary Public)
SCHARGE STATE OF KANSAS My Appl Exp. 0.7-20	My Appointment Expire	s 07-20-,2026 Rev. 2