

**KANSAS GOVERNMENTAL ETHICS COMMISSION**

**RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE**

RECEIVED

JAN 31 2023

**January 10, 2023**

**FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS**

KS Governmental Ethics Commission

A. Name of Committee: SALINE COUNTY DEMOCRATS  
Address: PO BOX 54  
City and Zip Code: SALINA, KS 67402  
This is a (check one):  Party Committee  Political Committee

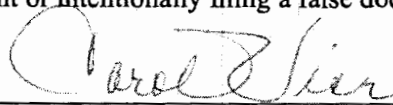
B. Check **only** if appropriate:  Amended Filing  Termination Report

C. Summary (covering the period from October 28, 2022 through December 31, 2022)

1. Cash on hand at beginning of period .....	<u>3160.61</u>
2. Total Contributions and Other Receipts (Use Schedule A) .....	<u>50</u>
3. Cash available this period (Add Lines 1 and 2) .....	<u>3210.61</u>
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	<u>311.15</u>
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	<u>2899.46</u>
6. In-Kind Contributions (Use Schedule B) .....	_____
7. Other Transactions (Use Schedule D) .....	_____

D. "I declare that this report, including any accompanying schedules and statements, 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."

1/31/23  
Date

  
Signature of Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

SALINE COUNTY DEMOCRATS

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	E funds Other	
11/02/22	CHERYL THUMMEL 400 CLAREMONT DR SALINA, KS 67401	RETIRED				✓	\$25.00
12/02/22	CHERYL THUMMEL 400 CLAREMONT DR SALINA, KS 67401	RETIRED				✓	\$25.00
<b>Subtotal This Page</b>							<b>\$50.00</b>

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

SALINE COUNTY DEMOCRATS

(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		<u>If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name &amp; address</u>	
11/09/22	ACT BLUE	CHARGE FOR ONLINE PAYMENTS	\$3.14
11/14/22	BANK OF TESCOTT	BANK CHARGE FOR RETURNED CHECK	\$5.00
11/29/22	USPS	POST OFFICE BOX	\$166.00
12/09/22	ACT BLUE	CHARGE FOR ONLINE PAYMENTS	\$3.14
12/30/22	TRACFONE	TELEPHONE SERVICE	\$133.87
<b>Subtotal This Page</b>			<b>\$311.15</b>

Complete if last page of Schedule C

Total Itemized Expenditures This Period	<b>\$311.15</b>
Total Unitemized Expenditures of \$50 or less	
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	<b>\$311.15</b>