

PAC AND PARTY COMMITTEE REPORT
LAST MINUTE CONTRIBUTIONS, INDEPENDENT EXPENDITURES
IN EXCESS OF \$300

(Covering the Period from July 26, 2024 through July 31, 2024)

August 1, 2024

Name of Committee: Johnson County Democratic Central Committee

Address: PO Box 1482

City and Zip Code: Shawnee Mission, KS 66222

This is a (check one): Party Committee Political Committee

- This report must be filed by 5:00 p.m. Thursday, August 1, 2024 showing any contribution received from a single source in excess of \$300, as well as any independent expenditure made in excess of \$300, which is intended to expressly advocate the election or defeat of a clearly identified candidate for state or local office.
- The report may be filed by hand delivery, express delivery, electronically with the Secretary of state (must already have an electronic account), or by fax at 785-296-3051 or 785-296-2548.
- All information included on this report must also be included on the October 28, 2024 Receipts and Expenditures Report.

Summary:

1. Total Contributions	<u>\$27,275.00</u>
2. Total Independent Expenditures	<u>\$5,000.00</u>

"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."

08.01.2024

Date



Signature of Treasurer

GEC Form 2024

SCHEDULE OF CONTRIBUTIONS

IN EXCESS OF \$300

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation	Check Appropriate Box		Amount of Cash, Check
			Cash	Check	
Total Contributions					

SCHEDULE OF CONTRIBUTIONS

IN EXCESS OF \$300

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation	Check Appropriate Box		Amount of Cash, Check
			Cash	Check	
Total Contributions					

SCHEDULE OF CONTRIBUTIONS

IN EXCESS OF \$300

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation	Check Appropriate Box		Amount of Cash, Check
			Cash	Check	
Total Contributions					

SCHEDULE OF INDEPENDENT EXPENDITURES

IN EXCESS OF \$300

(Name of Party Committee or Political Committee)

Date	Name and Address	List Candidate Name and Product or Service Provided	Amount
Total Independent Expenditures			