KANSAS GOVERNMENTAL ETHICS COMMISSION PECEIVED RECEIPTS AND EXPENDITURES REPORT OF A PERSON PROMOTING OR OPPOSING ASKANSAS CONSTITUTIONAL BALLOT QUESTION 18 2022

FILE WITH THE SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Re	eporting Entity: 417 W. Adams	Jamie Brooksher		
	Address:				
		and Zin Code:	Pittsburg, KS 66762		
	City, state o	and Zip Code:			
B.	Summary (Activity through July 18, 2022)				
	1. Total	Contributions and	Other Receipts (Use Schedule A)	\$1,821.95	
	2. In-Kir	nd Contributions (Use Schedule B)	\$0.00	
	3. Total	Expenditures and	Other Disbursements (Use Schedule C)	\$1,577.95 ————	
C.	"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."				
	07/17/2022	· · · · · · · · · · · · · · · · · · ·			
	Date		Signature of Individual Completing Report		

INSTRUCTIONS

In addition to the instructions set out below, each schedule includes detailed instructions. If you have no items to report on one or more schedules, do not return that particular schedule or schedules. The forms used for each schedule in this report may be duplicated or the information may be itemized on 8 1/2" X 11" computer printouts or any 8 1/2" X 11" paper, providing the information required is in the same format. When duplicating, use one side of paper only. Please type or print. This report is to be filed with the Secretary of State at the following address:

Secretary of State

Memorial Hall - 1st floor

120 SW 10th

Topeka, Kansas 66612

- Line 1. See Schedule A for detailed instructions. If you have no contributions or other receipts to report, the number "0" (zero) should be entered on the appropriate line.
- Line 2. See Schedule B for detailed instructions. If you have no in-kind contributions to report, the number "0" (zero) should be entered on the appropriate line.
- Line 3. See Schedule C for detailed instructions. If you have no expenditures to report, the number "0" (zero) should be entered on the appropriate line.

SCHEDULE C

EXPENDITURES

Jamie Brooksher		
(Name of Person)		

Name of Payee Complete Address of Payee	Purpose of Expenditure	Contribution Amount
Heather Ousely 6800 Farley St., Shawnee Mission, KS 66203	Purchase signs	\$1,577.95
Subtotal this pa	nge	\$1,577.95
Total Itemized Expenditures for Period		\$1,577.95
Total Unitemized Expenditures (\$50 or less)		\$0.00
Total Expenditure This Period (to line 3 of Sum	mary)	\$1,577.95

SCHEDULE B

IN-KIND CONTRIBUTIONS

Jamie Brooksher	
(Name of Person)	
Contributor Name Complete Address of Contributor	Contribution Amount
Subtotal this page	\$0.00
Total Itemized (over \$50) In-Kind Contributions	\$0.00
Total Unitemized (\$50 or less) In-Kind Contributions	\$0.00
Total In-Kind Contributions This Period (to line 2 of Summary)	\$0.00

SCHEDULE A

CONTRIBUTIONS

Jamie	Broo	ksher
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(Name of Person)

Contributor Name Complete Address of Contributor	Contribution Amount
Emily Walters 704 Tanglewoods Dr., Pittsburg, KS 66762	\$1,037.00
Laura Lee Washburn 307 W. Jefferson, Pittsburg, KS 66762	\$309.00
Jamie Brooksher 417 W. Adams, Pittsburg, KS 66762	\$231.94
Subtotal this page	\$1,577.94
Total Itemized Contributions for period	\$1,577.95
Total Unitemized Contributions (\$50 or less)	\$244.00
Total Contributions This Period (to line 1 of Summary)	\$1,821.95