

[Print this form](#) or [Go Back](#)



**Campaign Finance Receipts
& Expenditures Report**
10/28/2024

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

Check only if appropriate Amended Filing Termination Report

Campaign Finance Candidate Name: **Kiel D Corkran**

Filing Report Address: **5943 BUENA VISTA ST**

Address2:

City: **Fairway** Zip: **66205** County: **Johnson**

Home Phone: **(816) 516-5957** Business Phone:

Office Sought: **State Board of Education** District: **2**

SUMMARY (covering the period from 7/26/2024 through 10/24/2024)

1	CASH ON HAND AT BEGINNING OF PERIOD		\$0.00
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$0.00
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$0.00
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$95.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	(\$95.00)
6	IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) view/print	\$50.00
7	OTHER TRANSACTIONS	(Schedule D) view/print	\$0.00

"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."

Electronically filed on: **10/28/2024 12:59:09 AM**

Signature of Candidate or Treasurer: **Kiel Corkran**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

SCHEDULE C

EXPENDITURES AND OTHER DISBURSEMENTS

Candidate: Kiel D Corkran

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
08/05/24	Nick Blessing Not Available Not Available NA	Filing Fee Filling Fee paid by Nick	\$95.00
Total Itemized Expenditures This Period			\$95.00
Total Unitemized Expenditures of \$50 or less			\$0
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$95.00

[Print this form](#) or [Go Back](#)