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JAN 07 2009

RON THOMPSON  
SECRETARY OF STATE

RECEIPTS AND EXPENDITURES REPORT  
OF A CANDIDATE FOR STATE OFFICE

January 10, 2009

FILE WITH SECRETARY OF STATE AND CANDIDATE'S COUNTY ELECTION OFFICER  
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: M. T. LIGGETT  
Address: P.O. BOX 301  
City and Zip Code: MULLINVILLE County: KS  
Office Sought: HOSPITAL BOARD District: \_\_\_\_\_

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

C. Summary (covering the period from January 1, 2008 through December 31, 2008)

1. Cash on hand at beginning of period ..... NONE
2. Total Contributions and Other Receipts (Use Schedule A) ..... NONE
3. Cash available this period (Add Lines 1 and 2) ..... NONE
4. Total Expenditures and Other Disbursements (Use Schedule C) ..... NONE
5. Cash on hand at close of period (Subtract Line 4 from 3) ..... NONE
6. In-Kind Contributions (Use Schedule B) ..... NONE
7. Other Transactions (Use Schedule D) ..... NONE

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."

Date

JAN

Signature of Candidate or Treasurer

M. T. Liggett

GEC Form Rev, 2001

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**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Mr. T. WISSETT  
(Name of Candidate)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	Other	
Subtotal This Page							

MT. LIGGETT

MT. LIGGETT

NONE

N/A

N/A

**SCHEDULE B  
IN-KIND CONTRIBUTIONS**

M.T. LIGGETT  
(Name of Candidate)

Date	Name and Address of Contributor	List Occupation & Industry for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
<b>Subtotal This Page</b>				

**Complete if last page of Schedule B**

Total Itemized (over \$100) In-Kind Contributions	
Total Unitemized (\$100 or less) In-Kind Contributions	
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)</b>	

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

M. T. LIGGETT  
(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
Subtotal This Page			

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

M. T. LIGGETT  
(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
	N/A		
	NONE		
Subtotal This Page			

**Complete if last page of Schedule C**

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

**SCHEDULE D  
OTHER TRANSACTIONS**

(Name of Candidate)

*M. T. LIGGETT*

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
	I SPENT NOTHING		
	I DONT OWE		
	ANY ONE.		
Subtotal This Page			

Complete if last page of Schedule D

<b>TOTAL OTHER TRANSACTIONS (to line 7 of Summary)</b>	
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