

KANSAS GOVERNMENTAL ETHICS COMMISSION**RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR STATE OFFICE**

RECEIVED

JANUARY 10, 2008

JAN 09 2008

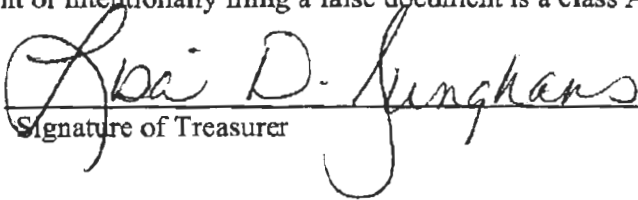
**FILE WITH SECRETARY OF STATE AND CANDIDATE'S COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS****A. Name of Candidate:** Melody Jean Saxton**Address:** 6715 Erichsen Road**City and Zip Code:** Junction City 66441**County:** Geary**Office Sought:** State Representative**District:** 65**B. Check only if appropriate:** ☐ Amended Filing ☒ Termination Report**C. Summary (covering the period from January 1, 2007 through December 31, 2007)**

1. Cash on hand at beginning of period	<u>16.76</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>0.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>0.00</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>16.76</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>0.00</u>
6. In-Kind Contributions (Use Schedule B)	<u>0</u>
7. Other Transactions (Use Schedule D)	<u>0</u>

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."

01/09/08

Date


Signature of Treasurer

GEC Form Rev, 2001

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Melody Jean Saxton

(Name of Candidate, 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	Other	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal This Page							\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	
Total Unitemized Contributions (\$50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (line 2 of Summary)	\$0.00

Page ____ of ____



SCHEDULE B IN-KIND CONTRIBUTIONS

Melody Jean Saxton

(Name of Candidate, Party Committee or Political Committee)

Date	Name, Address and Occupation of Contributor List occupation for those giving an in-kind more than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Subtotal This Page			\$0.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	
Total Unitemized (\$100 or less) In-Kind Contributions	
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	\$0.00

Page ____ of ____

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Melody Jean Saxton

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
11/1/07	Kansas State Bank 539 W. 6th St Junction City, KS 66441	Monthly service charges and dormant account service charge fee	\$16.76
Subtotal This Page			\$16.76

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$16.76
Total Unitemized Expenditures of \$50 or less	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$16.76

**SCHEDULE D
OTHER TRANSACTIONS**

Melody Jean Saxton

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
Subtotal this Page			\$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)

Page ____ of ____

Print Page