

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR STATE OFFICE

July 26, 2010

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

FILED
JUL 26 2010
SECRETARY OF STATE

A. Name of Candidate: Michael J Peterson
Address: 450 N. 17th St
City and Zip Code: Kansas City, Mo 66102 County: Wy
Office Sought: State Rep District: 37

B. Check only if appropriate: Amended Filing Termination Report

C. Summary (covering the period from January 1, 2010 through July 22, 2010)

1. Cash on hand at beginning of period	<u>14603.69</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>1250.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>15853.69</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>355.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>15498.69</u>
6. In-Kind Contributions (Use Schedule B)	_____
7. Other Transactions (Use Schedule D)	_____

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."

7-22-10
Date

Ann C Golubski
Signature of Candidate or Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Michael J Peterson
(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							0

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 (to line 2 of Summary)	

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

Michael J. Peterson
(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
Subtotal This Page			0

Complete if last page of Schedule C

Total Itemized Expenditures This Period	
Total Unitemized Expenditures of \$50 or less	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 2 of Summary)	