1/01/2016 01:06 New Medical	(FAX)1 316 440 6601	P.001/007
RECEIPTS AND EX OF A CANDIDATE Octobe FILE WITH SECR	PENDITURES REPORT	EIVED 1 2016 Ethics Commissi
A. Name of Candidate: Gves Lakin Address: 2334 W Timbe City and Zip Code: Wichids Office Sought: Itouse	KS 67204 County: S Dist District:	edgwick
B. Check only if appropriate: Amended	d Filing Termination Repor	t
<ul> <li>C. Summary (covering the period from July 22, 2</li> <li>1. Cash on hand at beginning of period</li> <li>2. Total Contributions and Other Receipts (Use</li> <li>3. Cash available this period (Add Lines 1 and 2</li> <li>4. Total Expenditures and Other Disbursements</li> <li>5. Cash on hand at close of period (Subtract Lin</li> <li>6. In-Kind Contributions (Use Schedule B)</li> <li>7. Other Transactions (Use Schedule D)</li> </ul>	Schedule A)	8410-
D. "I declare that this report, including any accompany and to the best of my knowledge and belief is the failure to file this document or intentionally film 10/31/16 Date Signature of Candid	ne, correct and complete. I understand that is a false document is a class A misdemea	the intentiona

	Name and Address of	Case france-d	WORDSHITT, MARKING	
120.000	Higs Marrie		11.19.19.7	219 × 340

(FAX)1 316 440 6601

P.002/007

	Name and Address	Occupation of Individual Giving More		Ch Approp	eck riate B	ox	Amount of Cash, Check
6/Date	BS Chamber	Than \$150	Cash	Check X	Loan	E funds Other	Loan or Othe Receipt
7/1/16	Amanianous Corp Ba Box Deosto Cinclunzti Ohio 452	26		×			2500
7/16	Wichite Metro Chom 350 W. Douglas Ave Wichito KS 67202		-	×			500@
7/00/16	KS Hosp Rein PAC 215 SE. 8th Ave Topels KS (deca3			x			253ª
7/11/16	KSAST'S BUSSINGER CON 816 SLO. Toler. Su	incil ite 100		×			2500
7/2/16	KS Dentel PAC Sato SW Hunton St Topeka KS 66660			×			250 2
7/25/16	KS Optometric PAC lace s.w. Topeks Biv Topeka KS loldele	9		×		-	25032
7/25/16	HCA KS Good Gumt Fr			×			2500
7/21	Builders Assoc PAC 720 Oak St Kansas Cidy, MO 6400	6	:	×			25000
7/28/16	Pfizer Incusto			×			550ª
7/29/16	Je Dunn Const Co 1001 Locust St Konses City, MO	mp years		X			350=
8/1/10	Koch Industries Fi 4111 5. 37th St N Wichitz KS 672		:	X			5000

\* reported prior report

Name of Car	res Lakin	House		-	1	
Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Cash	Check	eck iate Box Loan <u>E funds</u> Other	Amount of Cash, Check, Loan or Other Receipt
21/16	Centere Mont C Centere Corp St Lows mo 6310	2		×		5002
926/16	KS Optometric PAC 1266 S.W. Japeks I Topeks, KS 666615	202		×		50098
8/20/16	KS Brukers Assoc P PO. Box 440 Topeks KS 66604	AC		×		వ్రాతి
8/31/16	KS Insurance Asents 315 SIN. Topeka 12 Topeka KS 566	lud		×		100=
731/16	KS Heatth corre Acco 1100 SW Gaze Blu Topeka, KS loleloc	d	-	X		500%
9/2/16	Hanszi Harp Assoc a) SE 8th Ave Torks, KS 66603			X		25032
9/10/16	KMS-PACHLAL 623.5W JOHLAL Topeloz, KS Glde	12		×		2503
9/19/16	Kansas Automobile D 731 S. Kansas Ave Topeta, BC Glele	eelers Aksn PAC		×		200=
7/20/K	Liquor Cabinet 2303 N. Amidon Wichitz, KS 672	04		X		5032
10/3/16	Tom's Wine & Spin 135 E. 47th St Sc Wichits, KC 67	ille vol		x		Some .
Ma6/K	KS Building Ind 212 SW Bus Aris S Jakes KS Idd-03	when you		X		200°
	Subtotal This Page					

SCHEDULE A

Page 3 of 7

## 11/01/2016 01:10 New Medical

(FAX)1 316 440 6601

P.004/007

Reset Page

### SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Candidate)

	Name and Address	Occupation of Individual Giving More Than \$150		Check Appropriate Box			Amount of Cash, Check,
Date of Contributor	Than \$150	Cash	Check	Loon	E funds Other	Loan or Other Receipt	
							•
		-					
				AMODINEN	NATE OF COLUMN A	WEIST DESCENT OF SALE	
	Subtotal This Page				派出行		\$0.00

## Complete if last page of Schedule A

Total Itemized Receipts for Period	41000
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)	\$0.00

Page 4 of

Print

#### 11/01/2016 01:13 New Medical

(FAX)1 316 440 6601

P.006/007

Reset page

## SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
8/1/14	Total Pronting Solu	palmende signes stationer	84103
			-
	Subtoral This Page.		\$0.00

# Complete if last page of Schedule c

Total Itemized Expenditures This Period	84100
Total Unitemized Expenditures of \$50 or less	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$0.00

Page 6 of

Drint nane