

# KANSAS GOVERNMENTAL ETHICS COMMISSION

## RECEIPTS AND EXPENDITURES REPORT OF A CANDIDATE FOR STATE OFFICE

January 10, 2019

RECEIVED

JAN 10 2019

KS Governmental Ethics Commission

FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: Cheryl Helmer  
Address: 1066 E. 130th N  
City and Zip Code: Mulvane, KS 67110-8327 County: Cowley  
Office Sought: House of Representatives District: 29th

B. Check **only** if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from October 26, 2018 through December 31, 2018)

1. Cash on hand at beginning of period .....	<u>354<sup>84</sup></u>
2. Total Contributions and Other Receipts (Use Schedule A) .....	<u>1,150<sup>00</sup></u>
3. Cash available this period (Add Lines 1 and 2) .....	<u>\$1,504.84</u>
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	<u>403<sup>13</sup></u>
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	<u>\$1,101.71</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."

1-7-2019  
Date

Thomas Z. Petty  
Signature of Candidate or Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Cheryl Helmer  
(Name of Candidate)

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	E funds Other	
12-12	Cheryl Helmer			✓			50 <sup>00</sup>
12-13	Dillelmy Orthodontics			✓			250 <sup>00</sup>
12-31	Mid America Study Group			✓			250 <sup>00</sup>
12-31	Kansas Cable Pac			✓			600 <sup>00</sup>
Subtotal This Page							1150.00

**SCHEDULE C**  
**EXPENDITURES AND OTHER DISBURSEMENTS**

Cheryl Helmen  
(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
12-17	Handy Mailling Service 3839 Dona St Wichita, KS	Patmeand 9/28/2018 403 <sup>13</sup> 1 invoice	350 <sup>00</sup>
12-17	Handy Mailling Service	" 2 checks	53 <sup>13</sup>
Subtotal This Page			403 <sup>13</sup>

Complete if last page of Schedule c

Total Itemized Expenditures This Period	403 <sup>13</sup>
Total Unitemized Expenditures of \$50 or less	0
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	