### KANSAS GOVERNMENTAL ETHICS COMMISSION

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

JUL 28 2024

July 29, 2024

FILE WITH SECRETARY OF STATE

KS Governmental Ethics Commission

EE REVERSE SIDE FOR SEE REVERSE SIDE FOR INSTRUCTIONS

| Sought: Representative  only if appropriate: Amended Filing Termin                                                                                          |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nd Zip Code: El Dorado 67042  Sought: Representative  only if appropriate: Amended Filing Termin                                                            | District: 75                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sought: Representative  only if appropriate: Amended Filing Termin                                                                                          | nation Report                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| only if appropriate: Amended Filing Termin                                                                                                                  |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| omy if appropriate.                                                                                                                                         |                                              | t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4 404 10 11 11 45 303                                                                                                                                       |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ary (covering the period from January 1, 2024 through July 25, 202                                                                                          |                                              | 44,641.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                             |                                              | 3,250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                             |                                              | 47,891.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                             |                                              | 12,690.74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                             |                                              | 35,200.74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| sh on hand at close of period (Subtract Line 4 from 3)                                                                                                      | _                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Kind Contributions (Use Schedule B)                                                                                                                         |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| her Transactions (Use Schedule D)                                                                                                                           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| to the best of my knowledge and belief is true, correct and complete. I under the to file this document or intentionally filing a false document is a class | iderstand mai                                | the intentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             | sh available this period (Add Lines 1 and 2) | are that this report, including any accompanying schedules and statements, has been to the best of my knowledge and belief is true, correct and complete. I understand that the to file this document or intentionally filing a false document is a class A misdement of the total control of the this document or intentionally filing a false document is a class A misdement of the total control of the this document or intentionally filing a false document is a class A misdement of the total control of the total contr |

## SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Will Carpenter

(Name of Candidate)

|          | Name and Address                                                         | Occupation of Check Individual Giving More Appropriate Box |      |       | ox   | Amount of Cash, Check, |                          |
|----------|--------------------------------------------------------------------------|------------------------------------------------------------|------|-------|------|------------------------|--------------------------|
| Date     | of Contributor                                                           | Than \$150                                                 | Cash | Check | Loan | E funds<br>Other       | Loan or Other<br>Receipt |
| 06/20/24 | Delta Dental of Kansas<br>PO Box 789769<br>Wichita, Ks 67278-9769        | Dental Company                                             |      | ~     |      |                        | \$500.00                 |
| 06/26/24 | Kansas Realtors PAC<br>3644 SW Burlingame Rd<br>Topeka, Ks 66611         | PAC                                                        |      | ~     |      |                        | \$500.00                 |
| 07/02/24 | KS Farm Bureau Vote FBF Fund<br>2627 KFB Plaza<br>Manhattan, Ks 66502    | PAC                                                        |      |       |      |                        | \$250,00                 |
| 07/11/24 | KS Funeral Directors Assn. PAC<br>1200 S Kansas Ave<br>Topeks, Ks 66612  | PAC                                                        |      | ~     |      |                        | \$200.00                 |
| 07/11/24 | KS Medical Society PAC<br>623 SW 10th Ave.<br>Topeka, KS 66612-1627      | PAC                                                        |      | ~     |      |                        | \$500.00                 |
| 07/15/24 | Leadingage KS<br>217 SE 8th Ave<br>Topeka, Ks 66603                      | Aging advocates                                            |      | ~     |      |                        | \$250.00                 |
| 07/15/24 | KS Agri Business Council<br>816 SW Tyler St. Ste 100<br>Topeka, Ks 66612 | Agri Business                                              |      | ~     |      |                        | \$200.00                 |
| 07/24/24 | KS Optometric PAC<br>632 SW Van Buren St Ste 100<br>Topeka, Ks 66603     | PAC                                                        |      | ~     |      |                        | \$250.00                 |
| 07/24/24 | Koch Industries Inc<br>PO Box 5020<br>Wichita, Ks 67201                  | Oil                                                        |      | ~     |      |                        | \$500.00                 |
| 07/01/24 | Eric Sexton<br>313 N. Walnut Creek Dr<br>Derby, Ks 67037                 |                                                            |      |       |      | V                      | \$100.0                  |
|          |                                                                          |                                                            |      |       |      |                        | \$3,250.0                |

## SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

| Will Carpenter      |  |
|---------------------|--|
| (Name of Candidate) |  |

|      | Name and Address<br>of Contributor | Occupation of<br>Individual Giving More | Check<br>Appropriate Box |       |      | Amount of Cash, Check, |                          |
|------|------------------------------------|-----------------------------------------|--------------------------|-------|------|------------------------|--------------------------|
| Date |                                    | Than \$150                              | Cash                     | Check | Loan | E funds<br>Other       | Loan or Other<br>Receipt |
|      |                                    |                                         |                          |       |      |                        |                          |
|      |                                    |                                         |                          |       |      |                        |                          |
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|      |                                    |                                         |                          |       |      |                        |                          |
|      |                                    |                                         |                          |       | ·    |                        |                          |
|      | Subtotal This Page                 |                                         | A. Maria                 |       |      |                        | \$0.0                    |

### Complete if last page of Schedule A

| The state of the Device of                                                              | \$3,250.00 |
|-----------------------------------------------------------------------------------------|------------|
| Total Itemized Receipts for Period                                                      | \$0.00     |
| Total Unitemized Contributions (\$50 or less)  Sale of Political Materials (Unitemized) | \$0.00     |
| Total Contributions When Contributor Not Known                                          | \$0.00     |
| TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)                                       | \$3,250.00 |

# SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Will Carpenter

(Name of Candidate)

| Date    | Name and Address                                                        | Purpose of Expenditure<br>or Disbursement | Amount     |
|---------|-------------------------------------------------------------------------|-------------------------------------------|------------|
| 1/8/24  | Klear<br>900 S Kansas Ave. Ste 402C<br>Topeka, Ks 66612                 | dues for education & research             | \$300.00   |
| 1/8/24  | Truth Caucus<br>PO Box 860762, Shawnee, KS 66286                        | dues                                      | \$300.00   |
| 2/1/24  | Kansas Sec. of State<br>1st. floor Capitol building<br>Topeka, Ks 66603 | filing fees                               | \$120.00   |
| 2/29/24 | El Dorado Chamber<br>201 E. Central Ave<br>El Dorado, Ks 67042          | annual dinner                             | \$50.00    |
| 3/18/24 | David Heinemann<br>3826 SW Cambridge Ct<br>Topeka, Ks 66610             | legislative mugs and coasters             | \$80.00    |
| 5/20/24 | ALEC<br>2900 Crystal Drive Ste 600<br>Arlington, VA 22202               | membership                                | \$200.00   |
| 3/1/24  | BCC Foundation<br>901 S Haverhill Rd<br>El Dorado, Ks 67042             | donation                                  | \$1,000.00 |
| 3/8/24  | KFL<br>3301 W 13th St<br>Wichita, Ks 67203                              | donation                                  | \$300.00   |
| 6/30/24 | KFL<br>3301 W 13th St<br>Wichita, Ks 67203                              | donation                                  | \$250.00   |
| 3/2/24  | Kansas One Shot Turkey Hunt<br>POBox 869<br>El Dorado, Ks 67042         | donation                                  | \$500.00   |
| 4/5/24  | Special Olympics Kansas<br>5280 Foxridge Drive, Mission, Ks 66202       | donation                                  | \$250.00   |
|         | Subtotal This Page                                                      |                                           | \$3,350.00 |

#### SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Candidate)

| Date    | Name and Address                                                       | Purpose of Expenditure<br>or Disbursement | Amount     |
|---------|------------------------------------------------------------------------|-------------------------------------------|------------|
| 4/20/24 | Sunlight Buckaroo Ball<br>205 E. 12th Ave<br>El Dorado, Ks 67042       | donation & event fee                      | \$1,500.00 |
| 5/13/24 | Will Carpenter<br>6965 SW 18th St<br>El Dorado, Ks 67042               | mileage reimbursements                    | \$400.00   |
| 7/2/24  | Will Carpenter<br>6965 SW 18th St<br>El Dorado, Ks 67042               | mileage reimbursements                    | \$400.00   |
| 5/24/24 | Farm Bureau<br>2627 KFB Plaza<br>Manhattan, Ks 66503                   | dues                                      | \$59.00    |
| 5/28/24 | Firepit PR<br>PO Box19602<br>Lenexa, Ks 66285                          | end of session newsletter                 | \$731.74   |
| 7/2/24  | Republican House Campaign Committee<br>PO Box 2632<br>Topeka, KS 66601 | campign committee                         | \$5,000.00 |
| 7/22/24 | Butler County Fair<br>206 N Griffith<br>El Dorado, Ks 67042            | donation to project auction               | \$1,250.00 |
|         |                                                                        |                                           |            |
|         | Subtotal This Page                                                     |                                           | \$9,340.7  |

### Complete if last page of Schedule C

| Total Itemized Expenditures This Period                                     | \$12,690.74 |
|-----------------------------------------------------------------------------|-------------|
| Total Unitemized Expenditures of \$50 or less                               | \$0.00      |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary) | \$12,690.74 |