

KANSAS GOVERNMENTAL ETHICS COMMISSION

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

RECEIVED

January 10, 2025

JAN 07 2025

FILE WITH SECRETARY OF STATE KS Governmental Ethics Commission
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: Susan Humphries
Address: 8 N. Sagebrush
City and Zip Code: Wichita, KS 67230 County: Sedgwick
Office Sought: State Representative District: 99

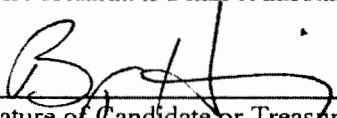
B. Check **only** if appropriate: Amended Filing Termination Report

C. Summary (covering the period from October 25, 2024 through December 31, 2024)

1. Cash on hand at beginning of period.....	\$ 38,544.51
2. Total Contributions and Other Receipts (Use Schedule A).....	\$ 5,000.00
3. Cash available this period (Add Lines 1 and 2)	\$ 43,544.51
4. Total Expenditures and Other Disbursements (Use Schedule C)	\$ 542.72
5. Cash on hand at close of period (Subtract Line 4 from 3)	\$ 43,001.79
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."

1-7-25
Date


Signature of Candidate or Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Susan Humphries

1/10/25

(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	<u>E-</u> Funds Other	
10/25/24	Midwest Health Inc 3024 SW Wanamaker Rd Ste 300 Topeka, KS 66614			x			\$ 500.00
10/25/24	RecoverCare Healthcare 2420 Knapp St Second Floor Brooklyn, NY 11235			x			\$ 250.00
10/25/24	Blue Cross Blue Shield 1133 SW Topeka Blvd. Topeka, KS 66629			x			\$ 500.00
10/30/24	PrairieBand Potawatomi Nation 16281 Q Road Mayetta, KS 66509			x			\$ 500.00
10/30/24	Kansas Bankers Association PAC PO Box 4407 Topeka, KS 66604			x			\$ 500.00
10/30/24	Ash Grove Cement Company PO Box 25900 Overland Park, KS 66225			x			\$ 250.00
11/2/24	American Property Casualty Insurance Association Political Account 8700 West Bryn Mawr Avenue, Ste 1200S Chicago, IL 60631			x			\$ 500.00
11/6/24	Freestate PAC Senator Jerry Moran, Chairman P.O. Box 541 Belleville, KS 66935			x			\$ 500.00
11/20/24	Kansas Crossing Casino LC 1275 S Hwy 69 Pittsburg, KS 66762			x			\$ 250.00
11/7/24	HCA Kansas Good Government Fund 550 N Hillside St Wichita, KS 67214			x			\$ 250.00
12/10/24	NAMIC Administrative Fund 3601 Vinennes Rd Indianapolis, IN 46268			x			\$ 500.00
12/26/24	Kansas Cable PAC 900 S Kansas Ave Ste 300 Topeka, KS 66612			x			\$ 500.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$ 5,000.00
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)	\$ 5,000.00

**SCHEDULE B
IN-KIND (Non-Monetary)
CONTRIBUTIONS**

Susan Humphries
(Name of Candidate)

1/10/25

Date	Name and Address of Contributor	List Occupation for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
	Not applicable			
Subtotal This Page				\$ -

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)		\$ -

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

SUSAN HUMPHRIES

1/20/25

(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
11/18/24	Capitol Commission PO Box 63118 Charlotte, NC 28263	Donation	500.00
Subtotal This Page			\$ 500.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$ 500.00
Total Unitemized Expenditures of \$50 or less	\$ 42.72
line 4 of Summary	\$ 542.72

**SCHEDULE D
OTHER TRANSACTIONS**

SUSAN HUMPHRIES

1/10/25

(Name of Candidate)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at close of Period
	Not Applicable		
Subtotal This Page			

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	\$ -
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