| KANSAS GOVERNMENTAL ETHICS COMMISS                                                                                                                                                                                                                                                | ION                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| RECEIPTS AND EXPENDITURES REPORT<br>OF A POLITICAL OR PARTY COMMITTEE                                                                                                                                                                                                             | ECEIVED<br>DEC 19 2006                    |
| JANUARY 10, 2007 Gove                                                                                                                                                                                                                                                             | mmantal Ethics Commission                 |
|                                                                                                                                                                                                                                                                                   | 09 WEST OTH STREET<br>OPEKA, KANSAS 65612 |
| A. Name of Committee: KC DOCS PAC KS - EAST                                                                                                                                                                                                                                       |                                           |
|                                                                                                                                                                                                                                                                                   |                                           |
| Address: 600 GENESSEE #423                                                                                                                                                                                                                                                        |                                           |
| City and Zip Code: KANSAS CITY MO 64102                                                                                                                                                                                                                                           |                                           |
| This is a (check one): Party Committee X Political Com                                                                                                                                                                                                                            | imittee                                   |
|                                                                                                                                                                                                                                                                                   |                                           |
| B. Check only if appropriate: Amended Filing Termination I                                                                                                                                                                                                                        | Report                                    |
|                                                                                                                                                                                                                                                                                   |                                           |
| C. Summary (covering the period from October 27, 2006 through December 31, 200                                                                                                                                                                                                    |                                           |
| 1. Cash on hand at beginning of period                                                                                                                                                                                                                                            |                                           |
| 2. Total Contributions and Other Receipts (Use Schedule A)                                                                                                                                                                                                                        |                                           |
| 3. Cash available this period (Add Lines 1 and 2)                                                                                                                                                                                                                                 | •                                         |
| 4. Total Expenditures and Other Disbursements (Use Schedule C)                                                                                                                                                                                                                    |                                           |
| 5. Cash on hand at close of period (Subtract Line 4 from 3)                                                                                                                                                                                                                       | 2760.00                                   |
| 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 be<br>and to the best of my knowledge and belief is true, correct and complete. I understand<br>failure to file this document or intentionally filing a false document is a class A misd | d that the intentional                    |
| Date Jams Blog<br>Date Signature of Treasurer                                                                                                                                                                                                                                     |                                           |
|                                                                                                                                                                                                                                                                                   | GEC Form Rev, 2001                        |

## SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Candidate, Party Committee or Political Committee)

| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name and Address                                                    | Purpose of Expenditure<br>or Disbursement | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|---------|
| 11/17/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GOVERINMENTAL ETHES COMM<br>109 W 9th St. #504<br>Topeka, KS 646612 | REGISTRATION<br>FEE                       | \$20500 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |         |
| a de la constante de |                                                                     |                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Subtotal This Page                                                  |                                           |         |

## Complete if last page of Schedule C

| Total Itemized Expenditures This Period                                        |  |
|--------------------------------------------------------------------------------|--|
| Total Unitemized Expenditures of \$50 or less                                  |  |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS<br>THIS PERIOD (to line 4 of Summary) |  |

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