

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT
OF A POLITICAL OR PARTY COMMITTEE

JULY 28, 2008

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

FILED
JUL 21 2008
RON THORNBURGH
SECRETARY OF STATE

A. Name of Committee: Committee for Good Government
Address: 756 Minnesota Ave.
City and Zip Code: Kansas City, Ks 66101
This is a (check one): Party Committee Political Committee

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

C. Summary (covering the period from January 1, 2008 through July 24, 2008)

1. Cash on hand at beginning of period	<u>831.00</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>831.00</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>35.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>796.00</u>
6. In-Kind Contributions (Use Schedule B)	<u>None</u>
7. Other Transactions (Use Schedule D)	<u>None</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."

7/15/08
Date

[Signature]
Signature of Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Committee for Good Government

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	Other	
	None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal This Page							.00

Complete if Last page of Schedule A

Total Itemized Receipts for Period	.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)	.00

**SCHEDULE B
IN-KIND CONTRIBUTIONS**

Committee for Good Government

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	List Occupation & Industry for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
	None			.00
Subtotal This Page				.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	.00
Total Unitemized (\$100 or less) In-Kind Contributions	
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	.00

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

Committee for Good Government
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Purpose of Expenditure	Amount
		List candidate name & address if independent or in-kind expenditure in excess of \$300	
6-23-08	Governmental Ethics Commission	Registration Fees	35.00
Subtotal This Page			35.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	35.00
Total Unitemized Expenditures of \$50 or less	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	35.00

**SCHEDULE D
OTHER TRANSACTIONS**

Committee for Good Government
(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
	None		.00
Subtotal This Page			.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	.00
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