KANSAS GOVERNMENTAL ETHICS COMMISSIO	N
	EIVED
JULY 28, 2008 JUL	8 2008
FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS	Ethics Commission
A. Name of Committee: TRAVEL INDUSTRY ASSOCIATION OF KANUSHE DAG Address: 919 5 KANSHE AVE City and Zip Code: TOPEICA KS 66612	
This is a (check one): Party Committee Political Commit	ttee
B. Check only if appropriate: Amended Filing Termination Rep	ort
 C. Summary (covering the period from January 1, 2008 through July 24, 2008) 1. Cash on hand at beginning of period	7 <i>89.0</i> 0
 Total Contributions and Other Receipts (Use Schedule A)	
 Cash available this period (Add Lines 1 and 2) Total Expenditures and Other Disbursements (Use Schedule C) 	20.00
 Cash on hand at close of period (Subtract Line 4 from 3) 	769.00
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 been and to the best of my knowledge and belief is true, correct and complete. I understand the failure to file this document or intentionally filing a false document is a class A misdem	hat the intentional
7/17/08 Juliu/ N land Date . Signature of Treasurer	
	C Form Rev, 2001

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Party Committee or Political Committee)

	Name and Address	Occupation & Industry of Individual Giving More	Check Appropriate Box				Amount of Cash, Check,
Date	of Contributor	Than \$150	Cash C	Check	Loan	Other	Loan or Other Receipt
	Subtotal This Page						

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Party Committee or Political Committee)

	Name and Address	Occupation & Industry of Individual Giving More		Che Appropr		 x	Amount of Cash, Check,
Date	of Contributor	Than \$150	Cash	Check	Loan	Other	Loan or Other Receipt
	Subtotal This Page						

Complete if Last page of Schedule A

Total Unitemized Contributions (\$50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	

SCHEDULE B IN-KIND CONTRIBUTIONS

(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
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			<u>-</u>	
			<u></u>	
	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)

Page ____ of ____

17.

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Party Committee or Political Committee)

		Purpose of Expenditure		
Date	Name and Address	List candidate name & address if independent or in-kind expenditure in excess of \$300	Amount	
דו/ד	KS GOV ETHICS	ANNUAL FEE	20. <i>0</i> 0	
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-	,			
		· · · ·		
	Subtotal This Page			

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Party Committee or Political Committee)

Nome and Address		Purpose of Expenditure	Amount
Date Of Contributor	List candidate name & address if independent or in-kind expenditure in excess of \$300		
		· · · · · · · · · · · · · · · · · · ·	
	· ·		
	Subtotal This Page		

Complete if last page of Schedule C

Total Unitemized Expenditures of	\$50 or less	 	
FOTAL EXPENDITURES & (

SCHEDULE D OTHER TRANSACTIONS

(Name of Party Committee or Political Committee)

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Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
		······································	
		· · · · · · · · · · · · · · · · · · ·	
	Subtotal This Page		

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)