

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT
OF A POLITICAL OR PARTY COMMITTEE

January 10, 2009

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: KS Chapter Nat. Assoc. of Social Workers PACE
Address: 700 SW Jackson, Ste 801
City and Zip Code: Topeka, KS 66603
This is a (check one): ☐ Party Committee ☒ Political Committee

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

C. Summary (covering the period from October 24, 2008 through December 31, 2008)

1. Cash on hand at beginning of period	<u>851.19</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>53</u>
3. Cash available this period (Add Lines 1 and 2)	<u>51.72</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>14.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>37.72</u>
6. In-Kind Contributions (Use Schedule B)	<u>-</u>
7. Other Transactions (Use Schedule D)	<u>/</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."

8/10/09
Date

[Signature]
Signature of Treasurer

CONTRIBUTIONS AND OTHER RECEIPTS

(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	
10/31	interest						.51
11/30	interest						.02
							\$53 \$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	
Total Unitemized Contributions (\$50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS FOR PERIOD	\$53.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure	Amount
		List candidate name & address if independent or in-kind expenditure in excess of \$300	
11/30	service charge		7.00
12/31	service charge		7.00
			14.00 \$0.00

Complete if last page of Schedule c

Total Itemized Expenditures This Period	
Total Unitemized Expenditures of \$50 or less	
	14.00 \$0.00