

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE

January 10, 2009

RECEIVED  
JAN 12 2009  
RON THORNBERGH  
SECRETARY OF STATE

FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: Kansans for Quality Mental Health Services

Address: 11116 Sloan Ave.

City and Zip Code: Kansas City, KS 66109

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>\$142.31</u>
2. Total Contributions and Other Receipts (Use Schedule A) .....	<u>0</u>
3. Cash available this period (Add Lines 1 and 2) .....	<u>142.31</u>
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	<u>20.96</u>
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	<u>\$121.35</u>
6. In-Kind Contributions (Use Schedule B) .....	<u>0</u>
7. Other Transactions (Use Schedule D) .....	<u>0</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."

1/08/09  
Date

  
\_\_\_\_\_  
Signature of Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas City, KS 66109

(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	
<b>Subtotal This Page</b>							<b>\$0.00</b>

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	
<b>TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)</b>	<b>\$0.00</b>

**SCHEDULE B  
IN-KIND CONTRIBUTIONS**

Kansans for Quality Mental Health Services

(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
<b>Subtotal This Page</b>				\$0.00

**Complete if last page of Schedule B**

Total Itemized (over \$100) In-Kind Contributions	
Total Unitemized (\$100 or less) In-Kind Contributions	
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)</b>	\$0.00

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansans for Quality Mental Health Services

(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	
11/10/08	Security Bank of Kansas City 701 Minnesota Ave. Kansas City, KS 66101	Check Charge	\$11.33
12/9/08	Security Bank of Kansas City 701 Minnesota Ave. Kansas City, KS 66101	Check Charge	\$9.63
<b>Subtotal This Page</b>			<b>\$20.96</b>

Complete if last page of Schedule c

Total Itemized Expenditures This Period	\$20.96
Total Unitemized Expenditures of \$50 or less	
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	<b>\$20.96</b>

**SCHEDULE D  
OTHER TRANSACTIONS**

Kansans for Quality Mental Health Services  
 ( 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
<b>Subtotal This Page</b>			<b>\$0.00</b>

Complete if last page of Schedule D

<b>TOTAL OTHER TRANSACTIONS (to line 7 of Summary)</b>	<b>\$0.00</b>
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