

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

July 26, 2010

FILED

OCT 21 2010

SECRETARY OF STATE

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: Kansas Dental Hygienist Political Action Committee
Address: 6820 W. Shade Ct.
City and Zip Code: Wichita 67212
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, 2010 through July 22, 2010)

1. Cash on hand at beginning of period	<u>2194.76</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>202.71</u>
3. Cash available this period (Add Lines 1 and 2)	<u>2397.47</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>122.18</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>\$ 2,275.29</u>
6. In-Kind Contributions (Use Schedule B)	<u>\$399</u>
7. Other Transactions (Use Schedule D)	_____

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."

10/13/10
Date

Katie M. Schroeder, RDH
Signature of Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Dental Hygienist Political Action Committee
(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	
Subtotal This Page							

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Dental Hygienist Political Action Committee
(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	
Subtotal This Page							

Complete if last page of Schedule A

Total Itemized Receipts for Period	<u>0</u>
Total Unitemized Contributions (\$50 or less)	<u>202.71</u>
Sale of Political Materials (Unitemized)	<u>—</u>
Total Contributions When Contributor Not Known	<u>—</u>
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	<u>202.71</u>

**SCHEDULE B
IN-KIND CONTRIBUTIONS**

Kansas Dental Hygienist Political Action Committee
(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
4/10/2010	Patti DiBargi 1530 W. Joann Lane Addison, IL 60101	Registered Dental Hygienist, Dentistry	1 year subscription Lexi-Comp on-line for dentistry for Raffle	\$ 399
Subtotal This Page				

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	399
Total Unitemized (\$100 or less) In-Kind Contributions	—
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	399

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Dental Hygienist Political Action Committee
(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
Subtotal This Page			

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas Dental Hygienist Political Action Committee
(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
Subtotal This Page			

Complete if last page of Schedule C

Total Itemized Expenditures This Period	—
Total Unitemized Expenditures of \$50 or less	122.18
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	122.18

**SCHEDULE D
OTHER TRANSACTIONS**

Kansas Dental Hygienist Political Action Committee
(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
Subtotal This Page			—

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	—
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