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Campaign Finance Receipts & Expenditures Report

January 10 2012

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

Check only if appropriate ☐ Amended Filing ☐ Termination Report

Campaign Finance Organization Name: **Travel Industry Association of Kansas**

Filing Report Address: **825 S Kansas**

Address2: **Suite 502**

City: **Topeka** Zip:

Chairperson Home Phone: Chairperson Business Phone:

☐ Party Committee ☒ PAC

SUMMARY (covering the period from January 01 2011 through December 31 2011)			
1	CASH ON HAND AT BEGINNING OF PERIOD		\$738.53
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$1,195.00
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$1,933.53
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$0.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$1,933.53
6	IN-KIND CONTRIBUTIONS	(Schedule B) view/print	\$0.00
7	OTHER TRANSACTIONS	(Schedule D) view/print	\$0.00
<p>"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."</p>			
<p>Electronically filed on: 1/6/2012 2:12:52 PM Signature of Treasurer: Susan Henderson</p>			

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SCHEDULE A**CONTRIBUTIONS AND OTHER RECEIPTS**

Committee: Travel Industry Association of Kansas

Date	Name and Address of Contributor	Type of Payment	Occupation And Industry of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, Other		
Total Itemized Receipts for Period				\$0.00
Total Unitemized Contributions (\$50 or less)				\$1,195.00
Sale of Political Materials (Unitemized)				\$0.00
Total Contributions When Contributor Not Known				\$0.00
TOTAL RECEIPTS THIS PERIOD				\$1195.00

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SCHEDULE C**EXPENDITURES AND OTHER DISBURSEMENTS**

Committee: Travel Industry Association of Kansas

Date	Name and Address	Purpose of Expenditure or Disbursement Candidate Name & address if independent or in-kind expenditure in excess of \$300	Amount
Total Itemized Expenditures This Period			\$0
Total Unitemized Expenditures of \$50 or less			\$0.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$0.00

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