

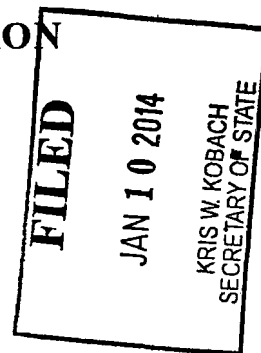
# KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIVED

## RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

JAN 10 2014

January 10, 2014



KS Governmental Ethics Commission FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: Kansas Dental Hygienist Association PAC  
Address: 6820 West Shade Court  
City and Zip Code: Wichita, KS 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, 2013 through December 31, 2013)

1. Cash on hand at beginning of period .....	<u>46.11</u>
2. Total Contributions and Other Receipts (Use Schedule A) .....	<u>627.12</u>
3. Cash available this period (Add Lines 1 and 2) .....	<u>673.23</u>
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	<u>53.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	<u>620.23</u>
6. In-Kind Contributions (Use Schedule B) .....	<u>105.00</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."

1/6/14  
Date

Stephanie A Witt, RDA, BSDH  
Signature of Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Dental Hygienists Association PAC  
(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	<u>E funds</u> Other	
<b>Subtotal This Page:</b>							Ø

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Dental Hygienists Association PAC  
(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	<u>E funds</u> Other	
Subtotal This Page							

Complete if last page of Schedule A

Total Itemized Receipts for Period	0
Total Unitemized Contributions (\$50 or less)	\$627.12
Sale of Political Materials (Unitemized)	0
Total Contributions When Contributor Not Known	0
<b>TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)</b>	<b>\$627.12</b>

**SCHEDULE B  
IN-KIND CONTRIBUTIONS**

Kansas Dental Hygienists Association PAC  
(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
9/19/13	Janette DeInger 209 Oak Hill St. Lansing, KS 66043	Dental Hygienists	Coach Purse	\$ 105.00
Subtotal This Page				

**Complete if last page of Schedule B**

Total Itemized (over \$100) In-Kind Contributions	\$ 105.00
Total Unitemized (\$100 or less) In-Kind Contributions	0
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)</b>	<b>\$ 105.00</b>

**SCHEDULE C**  
**EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas Dental Hygienists Association PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
Subtotal This Page			0

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas Dental Hygienists Association PAC  
(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
Subtotal This Page			

Complete if last page of Schedule C

Total Itemized Expenditures This Period	0
Total Unitemized Expenditures of \$50 or less	\$53.00
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	<b>\$53.00</b>

**SCHEDULE D  
OTHER TRANSACTIONS**

Kansas Dental Hygienists Association PAC  
(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>			Ø

Complete if last page of Schedule D

<b>TOTAL OTHER TRANSACTIONS (to line 7 of Summary)</b>	Ø
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