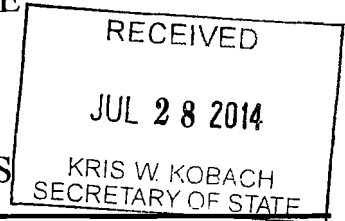


KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

July 28, 2014

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS



A. Name of Committee: Kansas Dental Hygienists' PAC
Address: 6820 West Shadle 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, 2014 through July 24, 2014)

1. Cash on hand at beginning of period	<u>620.83</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>280.93</u>
3. Cash available this period (Add Lines 1 and 2)	<u>901.16</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>821.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>80.16</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."

July 25, 2014
Date

Kathryn M. Tulli, Chair
Signature of Treasurer

GEC Form Rev, 2001

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Dental Hygienists 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	E funds Other	
Total of Unitemized Contributions (50 or less) Subtotal This Page							280.93 \$0.00

Total Itemized Receipts for Period 0

Sale of Political Materials (Unitemized) 0

Total Contributions When Contributor not known 0

Total Receipts this Period

Page 2 of 5

280.93

SCHEDULE B
IN-KIND (Non-Monetary) CONTRIBUTIONS

Kansas Dental Hygienists' 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
Subtotal This Page				\$0.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	0
Total Unitemized (\$100 or less) In-Kind Contributions	0
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	\$0.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Dental Hygienists' 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	
7/25	Rep. Susan Concaannon P.O. Box 65 Beloit, KS 67420		100.00
7/25	Rep. Jim Ward 3100 E. Clark Wichita, KS 67201		100.00
7/25	Rep. John Edmonds P.O. Box 1816 Great Bend, KS 67201		100.00
7/25	Rep. Les Osterman 1401 Dallas Wichita, KS 67217		100.00
7/25	Rep. John Wilson 1923 Ohio St. Lawrence, KS 66046		100.00
7/25	Rep. Kathy Wolfe Moore 3209 N. 131st St. Kansas City, KS 66109		100.00
7/25	Rep. Peggy Mast 765 Road 110 Emporia, KS 66801		200.00
7/25	Capital Federal 4020 W. Maple Wichita, KS 67209		21.00
Subtotal This Page			\$0.00

Complete if last page of Schedule C


Total Itemized Expenditures This Period	800.00
Total Unitemized Expenditures of \$50 or less	21.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	821.00

**SCHEDULE D
OTHER TRANSACTIONS**

Kansas Dental Hygienists 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
Subtotal This Page			\$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	
---	---