

KANSAS GOVERNMENTAL ETHICS COMMISSION

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

RECEIVED
JUL 25 2014
KRIS W. KOBACH
SECRETARY OF STATE

July 28, 2014

**FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS**

A. Name of Committee: Kansas State Troopers Association PAC
Address: 1200 SW 10th Ave
City and Zip Code: Topeka, 66604
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>5071.22</u> |
| 2. Total Contributions and Other Receipts (Use Schedule A) | <u>0.00</u> |
| 3. Cash available this period (Add Lines 1 and 2) | <u>5071.22</u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) | <u>240.00</u> |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) | <u>4831.22</u> |
| 6. In-Kind Contributions (Use Schedule B) | _____ |
| 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."

7/25/14 [Signature]
Date Signature of Treasurer

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas State Troopers 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 | |
| 06/26/14 | Kansas Governmental Ethics Commission 109 SW 9th St Topeka KS 66612 | Governmental Ethics Commission Registration Fee | \$240.00 |
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| Subtotal This Page | | | \$240.00 |

Complete if last page of Schedule C

| | |
|--|-----------------|
| Total Itemized Expenditures This Period | \$240.00 |
| Total Unitemized Expenditures of \$50 or less | |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary) | \$240.00 |