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Campaign Finance Receipts & Expenditures Report 7/25/2016

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: Kansas Democratic LGBT Caucus

Filing Report Address: 1349 Svensk Rd

Address2:

City: Lindsborg Zip: 67456

Chairperson Home Phone: (620) 245-7469 Chairperson Business Phone: (620) 245-7469

🗋 Party Committee 🗹 PAC

SUMMARY (covering the period from 1/1/2016 through 7/21/2016)		
1 CASH ON HAND AT BEGINNING OF PERIOD		258.96
2 TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$460.00
3 CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$718.96
4 TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$50.00
5 CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$668.96
6 IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) view/print	\$0.00
7 OTHER TRANSACTIONS	(Schedule D) view/print	\$0.00
"I declare that this report, including any accompanying schedules and statem knowledge and belief is true, correct and complete. I understand that the inte document is a class A misdemeanor."	ents, has been examined by me and to the bes ntional failure to file this document or intentiona	at of my ally filing a false
Electronically filed on: 7/25/2016 10:22:01 AM		

Electronically filed on: 7/25/2016 10:22:01 AM Signature of Treasurer: Ryon C. Carey

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## CONTRIBUTIONS AND OTHER RECEIPTS

Committee: Kansas Democratic LGBT Caucus

I POTO	Name and Address of Contributor	· · ·	Occupation And Industry of Individual Givin More Than \$150	g Amount
Total I	temized Receipts for Per	iod		\$0.00
Total I	Unitemized Contributions	s (\$50 or less)		\$460.00
Sale o	f Political Materials (Unit	emized)		\$0
Total	Contributions When Con	tributor Not Known		\$0
ΤΟΤΑ	L RECEIPTS THIS PERIO	D		\$460.00

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## **SCHEDULE C**

## EXPENDITURES AND OTHER DISBURSEMENTS

Committee: Kansas Democratic LGBT Caucus

Date	Name and Address	Purpose of Expenditure or Disbursement Candidate Name & address if independent or in-kind expenditure in excess of \$300	Amount
Total I	Itemized Expendit	ures This Period	\$0
Total Unitemized Expenditures of \$50 or less		\$50.00	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$50.00

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