

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

January 10, 2018

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

RECEIVED

OCT 26 2018

KS Governmental Ethics Commission

A. Name of Committee: Kansas Democratic Party Disability Caucus

Address: 1707 N Monroe St

City and Zip Code: Hutchinson, KS 67502

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, 2017 through December 31, 2017)

1. Cash on hand at beginning of period	<u>0.00</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>100.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>100.00</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>14.95</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>85.05</u>
6. In-Kind Contributions (Use Schedule B)	<u>0.00</u>
7. Other Transactions (Use Schedule D)	<u>0.00</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."

10-26-2018
Date


Signature of Treasurer

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

Kansas Democratic Party Disability Caucus

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation 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							\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$0.00
Total Unitemized Contributions (\$50 or less)	\$100.00
Sale of Political Materials (Unitemized)	\$0.00
Total Contributions When Contributor Not Known	\$0.00
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$100.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Democratic Party Disability Caucus

(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			\$0.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$0.00
Total Unitemized Expenditures of \$50 or less	\$14.95
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	