KANSAS GOVERNMENTAL ETHICS COMMISSION RECEIVED

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE JUL 2 7 2018

July 30, 2018

KS Governmental Ethics Commission

FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Committee: Progressive Cacaus of the Kansas Democratic Party	
	Address: 821 Highland Ave	
	City and Zip Code: Salina 67401	
	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, 2018 through July 26, 2018)	
	1. Cash on hand at beginning of period	3005.64
	Total Contributions and Other Receipts (Use Schedule A)	1361.52
	3. Cash available this period (Add Lines 1 and 2)	4367.16
	4. Total Expenditures and Other Disbursements (Use Schedule C)	50
	5. Cash on hand at close of period (Subtract Line 4 from 3)	4317.16
	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 exact and to the best of my knowledge and belief is true, correct and complete. I understand that the failure to file this document or intentionally filing a false document is a class A misdemeand at a Signature of Treasurer. Signature of Treasurer	ne intentional

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Progressive Caucus of the Kansas Democratic Party

(Name of Party Committee or Political Committee)

	Name and Address of Contributor	Occupation of Individual Giving More Than \$150		Ch Approp	Amount of Cash, Check,		
Date			Cush	Check	Loan	E funds Other	Loan or Other Receipt
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	Subtotal This Page						\$0.

Complete if last page of Schedule A

TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$1,361.52
Total Contributions When Contributor Not Known	\$0.00
Sale of Political Materials (Unitemized)	\$0.00
Total Unitemized Contributions (\$50 or less)	\$1,361.52
Total Itemized Receipts for Period	\$0.00

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SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Progressive	Caucus	of	the	Kancac	Democratic	Party/
FIUGIESSIVE	Caucus	OI	CITE	Nansas	Democratic	raity

(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	\$50.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$50.00