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Campaign Finance Receipts & Expenditures Report

1/10/2020

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

Check only if appropriate **Amended Filing** **Termination Report**

Campaign Finance Organization Name: **National Federation of Independent Business Kansas Political Action Committee**

Filing Report Address: **1201 F NW ST 200**

Address2:

City: **Washington** Zip: **20004**

Chairperson Home Phone: Chairperson Business Phone: **(202) 554-9000**

☐ Party Committee ☒ PAC

SUMMARY (covering the period from 1/1/2019 through 12/31/2019)

1	CASH ON HAND AT BEGINNING OF PERIOD		4378.22
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$3,680.00
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$8,058.22
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$0.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$8,058.22
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 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."

Electronically filed on: **1/9/2020 1:21:22 PM**

Signature of Treasurer: **Michael Maloney**

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[Print this form](#) or [Go Back](#)**SCHEDULE A****CONTRIBUTIONS AND OTHER RECEIPTS****Committee: National Federation of Independent Business Kansas Political Action Committee**

Date	Name and Address of Contributor	Type of Payment	Occupation of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, E-funds, Other		
12/31/19	UnItemized Receipts 1201 F St NW Suite 200 Washington DC 20004	Other		\$355.00
10/31/19	Patti Mellard 5840 SW Huntoon St Topeka KS 66604-2456	Check	President	\$500.00
10/04/19	Independence Overhead Doors Inc 115 W Main St Independence KS 67301-3510	Check		\$75.00
10/04/19	Butch's Body Shop LLC PO Box 258 Colby KS 67701-0258	Check		\$100.00
10/04/19	Hier Insurance Services Inc PO Box 250 Maple Hill KS 66507-0250	Check		\$100.00
09/13/19	Hoxie Implement Company Inc PO Box 587 Hoxie KS 67740-0587	Check		\$100.00
09/13/19	Brown Chevrolet Buick Inc 907 4th St Wamego KS 66547-1439	Check		\$250.00
09/03/19	Beckman Motors Inc PO Box 389 Garnett KS 66032-0389	Check		\$100.00
09/03/19	Waggoners Inc PO Box 1037 Hutchinson KS 67504-1037	Check		\$100.00
07/22/19	Patti Mellard 5840 SW Huntoon St Topeka KS 66604-2456	Check	President	\$500.00
05/02/19	Kathy Peterson 7621 Bradshaw St Shawnee KS 66216-3137	Check	Owner	\$500.00
04/10/19	Patti Mellard	Check	President	\$500.00

	5840 SW Huntoon St Topeka KS 66604-2456			
04/10/19	Patti Mellard 5840 SW Huntoon St Topeka KS 66604-2456	Check	President	\$500.00
Total Itemized Receipts for Period				\$3680.00
Total Unitemized Contributions (\$50 or less)				\$0
Sale of Political Materials (Unitemized)				\$0
Total Contributions When Contributor Not Known				\$0
TOTAL RECEIPTS THIS PERIOD				\$3680.00

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Committee: National Federation of Independent Business Kansas Political Action Committee

Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Total Itemized (over \$100) In-Kind Contributions				\$0
Total Unitemized (\$100 or less) In-Kind Contributions				\$0
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD				\$0.00

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Committee: National Federation of Independent Business Kansas Political Action Committee

Date	Name and Address	Purpose of Expenditure or Disbursement Candidate Name & address if independent or in-kind expenditure in excess of \$300	Amount
Total Itemized Expenditures This Period			\$0
Total Unitemized Expenditures of \$50 or less			\$0
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$0.00

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SCHEDULE D

OTHER TRANSACTIONS

Committee: National Federation of Independent Business Kansas Political Action Committee

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
TOTAL OTHER TRANSACTIONS			

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