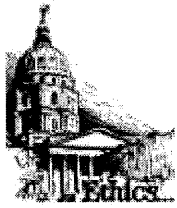


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**Campaign Finance Receipts  
& Expenditures Report**  
10/26/2020

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 Organization Name: **Kansas Democratic Disability Caucus**

Finance Address: **1133D SW Glendale Dr**

Filing Report Address2:

City: **Topeka** Zip: **66604**

Chairperson Home Phone: **(785) 383-6064** Chairperson Business Phone: **(785) 383-6064**

Party Committee  PAC

SUMMARY (covering the period from 7/24/2020 through 10/22/2020)

1	CASH ON HAND AT BEGINNING OF PERIOD		\$78.59
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) <a href="#">view/print</a>	\$0.01
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$78.60
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) <a href="#">view/print</a>	\$9.24
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$69.36
6	IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) <a href="#">view/print</a>	\$0.00
7	OTHER TRANSACTIONS	(Schedule D) <a href="#">view/print</a>	\$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: **10/5/2021 2:32:27 PM**

Signature of Treasurer: **Lori E. Blake**

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[Print this form](#) or [Go Back](#)**SCHEDULE A****CONTRIBUTIONS AND OTHER RECEIPTS****Committee:** Kansas Democratic Disability Caucus

Date	Name and Address of Contributor	Type of Payment	Occupation of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, E- funds, Other		
06/30/20	Sunflower Bank 3025 Courtland Circle Salina KS 67401	Cash		\$0.01
Total Itemized Receipts for Period				\$0.01
Total Unitemized Contributions (\$50 or less)				\$0
Sale of Political Materials (Unitemized)				\$0
Total Contributions When Contributor Not Known				\$0
<b>TOTAL RECEIPTS THIS PERIOD</b>				<b>\$0.01</b>

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[Print this form](#) or [Go Back](#)**SCHEDULE C****EXPENDITURES AND OTHER DISBURSEMENTS****Committee:** Kansas Democratic Disability Caucus

<b>Date</b>	<b>Name and Address</b>	<b>Purpose of Expenditure or Disbursement Candidate Name &amp; address if independent or in-kind expenditure in excess of \$300</b>	<b>Amount</b>
09/30/20	Sunflower Bank 3025 Courtland Circle Salina KS 67401	Candidate (self) Service Charge	\$9.24
<b>Total Itemized Expenditures This Period</b>			<b>\$9.24</b>
<b>Total Unitemized Expenditures of \$50 or less</b>			<b>\$0</b>
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD</b>			<b>\$9.24</b>

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