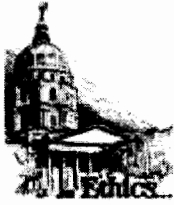


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**Campaign Finance Receipts  
& Expenditures Report**  
1/10/2022

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 1/1/2021 through 12/31/2021)

1	CASH ON HAND AT BEGINNING OF PERIOD		\$60.13
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) <a href="#">view/print</a>	\$281.03
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$341.16
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) <a href="#">view/print</a>	\$157.72
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$183.44
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: **1/6/2022 8:08:40 AM**

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

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## 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		
Total Itemized Receipts for Period				\$0.00
Total Unitemized Contributions (\$50 or less)				\$281.03
Sale of Political Materials (Unitemized)				\$0
Total Contributions When Contributor Not Known				\$0
<b>TOTAL RECEIPTS THIS PERIOD</b>				<b>\$281.03</b>

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## SCHEDULE C

### EXPENDITURES AND OTHER DISBURSEMENTS

**Committee:** Kansas Democratic Disability 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 Itemized Expenditures This Period			\$0
Total Unitemized Expenditures of \$50 or less			\$157.72
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD</b>			<b>\$157.72</b>

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