

KANSAS GOVERNMENTAL ETHICS  
COMMISSION

RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE

October 31, 2022

FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

RECEIVED  
OCT 31 2022  
KS Governmental Ethics Commission

A. Name of Committee: Kansas Advanced Practice Nurses Ass. PAC  
Address: 3409 SW Stony Brook Dr.  
City and Zip Code: Topeka KS 66614  
This is a (check one):  Party Committee  Political Committee

B. Check **only** if appropriate:  Amended Filing  Termination Report

C. Summary (covering the period from July 22, 2022 through October 27, 2022)

1. Cash on hand at beginning of period .....	1581.60
2. Total Contributions and Other Receipts (Use Schedule A) .....	0
3. Cash available this period (Add Lines 1 and 2) .....	1581.60
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	1250.00
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	# 331.60
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 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."

10/26/2022  
Date

[Signature]  
Signature of Treasurer

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**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas Advanced Practice Nurses Assn. Inc.  
(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	
10/26/22	Cathy Gordon for KS House of Rep chk 1028	Cathy Gordon 4920 Bractshaw St. Shawnee KS 66214	<del>\$500</del>
10/26/22	Melissa Orapiza for KS House of Rep. chk 1027	Melissa Orapiza Orapiza 4 Kansas PO Box 6014, KC, KS 64104	<del>\$500</del>
10/26/22	KGEC \$250 fee	KGEC fee for PAE	<del>\$250</del>
<b>Subtotal This Page</b>			<b>\$0.00</b> 1250

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

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KS Advanced Practice Nurses Assoc PAC  
(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	
<b>Subtotal This Page</b>			\$ <del>40.00</del> 1250

Complete if last page of Schedule C

Total Itemized Expenditures This Period	
Total Unitemized Expenditures of \$50 or less	
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

*Kansas Advanced Practice Nurses Assn. PC*  
 (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	E funds Other	
<b>Subtotal This Page</b>							<b>\$0.00</b>

**Complete if last page of Schedule A**

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

**SCHEDULE D  
OTHER TRANSACTIONS**

*Kansas Advanced Practice Nurse Assn*

(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
<b>Subtotal This Page</b>			\$0.00

**Complete if last page of Schedule D**

<b>TOTAL OTHER TRANSACTIONS (to line 7 of Summary)</b>	
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