

**KANSAS GOVERNMENTAL ETHICS COMMISSION**

**RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE**

**RECEIVED**

**January 10, 2023**

**JAN 03 2023**

**FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS**

KS Governmental Ethics Commission

A. Name of Committee: **Kansans for Quality Mental Health Services**

Address: **4194 CR 4435**

City and Zip Code: **Independence, Kansas 67301**

This is a (check one):       Party Committee       Political Committee

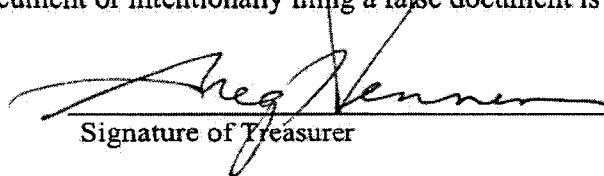
B. Check only if appropriate:       Amended Filing       Termination Report

C. Summary (covering the period from October 28, 2022 through December 31, 2022)

|                                                                      |                         |
|----------------------------------------------------------------------|-------------------------|
| 1. Cash on hand at beginning of period .....                         | <u><b>6,374.83</b></u>  |
| 2. Total Contributions and Other Receipts (Use Schedule A) .....     | <u><b>5,500.00</b></u>  |
| 3. Cash available this period (Add Lines 1 and 2) .....              | <u><b>11,874.83</b></u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) ..... | <u><b>10,527.90</b></u> |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) .....    | <u><b>1,346.93</b></u>  |
| 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."

**12-30-2022**  
Date

  
\_\_\_\_\_  
Signature of Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansans for Quality Mental Health Services

(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 |                                              |
| 12/20/20                  | Association of CMHCs of Kansas<br>222 SW 7th St, Topeka, Ks 66603                | Trade Association                                  |                       | ✓     |      |               | \$5,000.00                                   |
| 12/21/20                  | Brenda K Landwehr Kansas House<br>2611 N. Bayside Court<br>Wichita, Kansas 67205 | KS House Representative<br>Lost check from 7/10/22 |                       | ✓     |      |               | \$500.00                                     |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
|                           |                                                                                  |                                                    |                       |       |      |               |                                              |
| <b>Subtotal This Page</b> |                                                                                  |                                                    |                       |       |      |               | <b>\$5,500.00</b>                            |

**Complete if last page of Schedule A**

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| Total Itemized Receipts for Period                       | \$5,500.00        |
| 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>\$5,500.00</b> |

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansans for Quality Mental Health Services

(Name of Party Committee or Political Committee)

| Date                      | Name and Address<br>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 |                    |
| 12/09/22                  | KS Senate Democrats Committee<br>PO Box 1811<br>Topeka, Kansas 66601           | Campaign Contribution                                                                                           | \$2,500.00         |
| 12/20/22                  | Greg Hennen, PAC Treasurer<br>4194 CR 4435<br>Independence, Ks 667301          | Postage reimbursement for over-night delivery sent to Assoc. of CMHCs of Kansas on 12 09 2022.                  | \$27.90            |
| 12/20/22                  | Chase Blasi for State Senate<br>1746 N. Blackstone Court<br>Wichita, Ks. 67235 | Campaign Contribution                                                                                           | \$500.00           |
| 12/20/22                  | Republican House Campaign<br>Committee PO Box 2632<br>Topeka, Ks. 66601        | Campaign Contribution                                                                                           | \$2,500.00         |
| 12/20/22                  | Ks. Republican Senatorial Comm.<br>PO Box 2663<br>Topeka, Ks. 66601            | Campaign Contribution                                                                                           | \$5,000.00         |
|                           |                                                                                |                                                                                                                 |                    |
|                           |                                                                                |                                                                                                                 |                    |
|                           |                                                                                |                                                                                                                 |                    |
| <b>Subtotal This Page</b> |                                                                                |                                                                                                                 | <b>\$10,527.90</b> |

Complete if last page of Schedule C

|                                                                                            |                    |
|--------------------------------------------------------------------------------------------|--------------------|
| Total Itemized Expenditures This Period                                                    | <b>\$10,527.90</b> |
| Total Unitemized Expenditures of \$50 or less                                              |                    |
| <b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS<br/>THIS PERIOD (to line 4 of Summary)</b> | <b>\$10,527.90</b> |