

KANSAS GOVERNMENTAL ETHICS COMMISSION

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

RECEIVED

JAN 10 2024

KS Governmental Ethics Commission

January 10, 2024

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

A. Name of Committee: Kansas Chamber JOBS PAC
Address: 534 S. Kansas Ave, Suite 1400
City and Zip Code: Topeka, KS 66603
This is a (check one): Party Committee Political Committee

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

C. Summary (covering the period from January 1, 2023 through December 31, 2023)

| | |
|--|-----------------------------|
| 1. Cash on hand at beginning of period | <u>\$232.63</u> |
| 2. Total Contributions and Other Receipts (Use Schedule A) | <u>\$0.00</u> |
| 3. Cash available this period (Add Lines 1 and 2) | <u>\$232.63</u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) | <u>\$0.00</u> |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) | <u>\$232.63</u> |
| 6. In-Kind Contributions (Use Schedule B) | <u>\$750.00</u> |
| 7. Other Transactions (Use Schedule D) | <u> </u> |

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."

1-10-2024

Date



Signature of Treasurer

**SCHEDULE B
IN-KIND (Non-Monetary) CONTRIBUTIONS**

Kansas Chamber JOBS PAC

(Name of Party Committee or Political Committee)

| Date | Name and Address of Contributor | List Occupation for Those Giving an In-Kind of More Than \$150 | Description of In-Kind Contribution | Value of In-Kind Contribution |
|---------------------------|--|--|---------------------------------------|-------------------------------|
| 6/13/23 | Kansas Chamber PAC 534 S. Kansas Ave, Ste 1400 Topeka, KS 6603 | | Ethics Commission Registration Fee | \$750.00 |
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| Subtotal This Page | | | | \$750.00 |

Complete if last page of Schedule B

| | |
|---|-----------------|
| Total Itemized (over \$100) In-Kind Contributions | \$750.00 |
| Total Unitemized (\$100 or less) In-Kind Contributions | \$0.00 |
| TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary) | \$750.00 |