KANSAS GOVERNMENTAL ETHICS **COMMISSION**

RECEIPTS AND EXPENDITURES AND EXPENDITUR RECEIPTS AND EXPENDITURES REPORT

GEC Form 2024

FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

| | BEE REVERSE SIDE FOR INSTRUCTIONS | | | | | | |
|--|--|-----------|--|--|--|--|--|
| A. | Name of Committee: Kansans for Quality Mental Health Services Address: 4194 CR 4435 | | | | | | |
| | Independence Venera 67204 | | | | | | |
| | City and Zip Code: Independence, Kansas 67301 | | | | | | |
| | This is a (check one): Party Committee Political Committee | | | | | | |
| В. | Check only if appropriate: Amended Filing Termination Report | | | | | | |
| | | | | | | | |
| C. | Summary (covering the period from July 26, 2024 through October 24, 2024) | | | | | | |
| | 1. Cash on hand at beginning of period | | | | | | |
| | 2. Total Contributions and Other Receipts (Use Schedule A) | | | | | | |
| | 3. Cash available this period (Add Lines 1 and 2) | 11,207.13 | | | | | |
| | 4. Total Expenditures and Other Disbursements (Use Schedule C) | | | | | | |
| | 5. Cash on hand at close of period (Subtract Line 4 from 3) | | | | | | |
| | 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." | | | | | | | |
| 1 | 10-27-2024 heg Vennen | | | | | | |
| Date Signature of Treasurer | | | | | | | |
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SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Kansans for Quality Mental Health Services

(Name of Party Committee or Political Committee)

| | Name and Address To Whom Expenditure is Made | Purpose of Expenditure | Amount |
|--|---|---|------------|
| Date | | If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address | |
| 08/16/24 | Clark Sanders for KS House 2096 Leland Way Salina, KS 67401 | Campaign Contribution | \$150.00 |
| 08/16/24 | Cindy Holscher for KS Senate PO Box 4781 Olathe, KS 66063 | Campaign Contribution | \$250.00 |
| 08/16/24 | Jeff Pittman for KS Senate 1108 S. Broadway Leavenworth, KS 66048 | Campaign Contribution | \$250.00 |
| 08/16/24 | Craig Bowser for KS Senate 21717 K16 HIGHWAY HOLTON, Ks 66436 | Campaign Contribution | \$500.00 |
| 08/16/24 | Patrick Schmidt for KS Senate PO Box 750783 Topeka, KS 66675 | Campaign Contribution | \$250.00 |
| 08/16/24 | Jill Ward for KS House 3104 N Forest Lakes St Wichita KS 67205 | Campaign Contribution | \$250.00 |
| 10/16/20 | KS House Democrats PO Box 2083 Topeka, KS 66601 | Campaign Contribution | \$2,500.00 |
| 10/16/20 | KS House Republicans PO Box 2632 Topeka, Ks 66601 | Campaign Contribution | \$2,000.00 |
| 10/16/20 | Renee Erickson KS Senate 26 N. Cypress Dr. Wichita, Ks. 67206 | Campaign Contribution | \$250.00 |
| 10/16/20 | Rick Wilborn KS Senate 1504 Heritage PI McPherson, Ks. 67460 | Campaign Contribution | \$500.00 |
| 10/16/20 | Mike King KS House P.O. Box 543 Hesston, KS 67062 | Campaign Contribution | \$250.00 |
| The special section of the section o | Subtotal This Page | | \$7,150.00 |

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Kansans for Quality Mental Health Services

(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 | |
| 10/16/20 | Jeff Pittman Ks Senate 1108 S. Broadway Leavenworth, Ks. 66048 | Campaign Contribution | \$500.00 |
| 10/16/20 | Cindy Holscher KS Senate PO Box 4781 Olathe, KS 66063 | Campaign Contribution | \$250.00 |
| 10/16/20 | Joe Claeys Ks Senate P.O. BOX 572 MAIZE, KS 67101 | Campaign Contribution | \$500.00 |
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| | | | |
| | Subtotal This Page | | \$1,250.00 |

Complete if last page of Schedule C

| Total Itemized Expenditures This Period | |
|---|------------|
| Total Unitemized Expenditures of \$50 or less | |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary) | \$8,400.00 |