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Campaign Finance Receipts & Expenditures Report 10/28/2024

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 Finance Organization Name: Manhattan Firefighter L2275 PAC	
Filing Report Address: 1310 Westloop Pl. Ste. A #277	
Address2:	
City: Manhattan Zip: 66502	
Chairperson Home Phone: Chairperson Business Phone:	
Party Committee PAC	
IMMARY (covering the period from 7/26/2024 through 10/24/2024)	
CASH ON HAND AT BEGINNING OF PERIOD \$40	02.

1 CASH ON HAND AT BEGINNING OF PERIOD	39000000	\$402.03
2 TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) <u>view/print</u>	\$0.60
3 CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$402.63
4 TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) <u>view/print</u>	\$50.00
5 CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$352.63
6 IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) <u>view/print</u>	\$0.00
7 OTHER TRANSACTIONS	(Schedule D) <u>view/print</u>	\$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: 10/28/2024 3:17:32 PM Signature of Treasurer: Andrew Brinkman

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SCHEDULE A

CONTRIBUTIONS AND OTHER RECEIPTS

Committee: Manhattan Firefighter L2275 PAC

Date	Name and Address of Contributor	Type of Payment Cash, Check, Loan, E-funds, Other	Occupation of Individual Given More Than \$150	ving Amount
Total Itemized Receipts for Period			\$0.00	
Total Unitemized Contributions (\$50 or less)			\$0.60	
Sale of Political Materials (Unitemized)			\$0	
Total Contributions When Contributor Not Known			\$0	
TOTAL	. RECEIPTS THIS PERIO)		\$0.60

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SCHEDULE C

EXPENDITURES AND OTHER DISBURSEMENTS

Committee: Manhattan Firefighter L2275 PAC

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			\$50.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$50.00

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