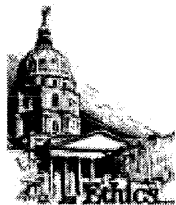


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Campaign Finance Receipts & Expenditures Report

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: **Kansas Democratic Disability Caucus**

Filing Report Address: **1133D SW Glendale Dr**

Address2:

City: **Topeka** Zip: **66604**

Chairperson Home Phone: **(785) 383-6064** Chairperson Business Phone: **(785) 383-6064**

Party Committee PAC

SUMMARY (covering the period from 7/26/2024 through 10/24/2024)

1	CASH ON HAND AT BEGINNING OF PERIOD		\$206.44
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$0.00
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$206.44
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$50.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$156.44
6	IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) view/print	\$0.00
7	OTHER TRANSACTIONS	(Schedule D) view/print	\$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 12:57:40 PM**
Signature of Treasurer: **Lori E. Blake**

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[Print this form](#) or [Go Back](#)**SCHEDULE C****EXPENDITURES AND OTHER DISBURSEMENTS**Committee: **Kansas Democratic Disability Caucus**

Date	Name and Address	Purpose of Expenditure or Disbursement Candidate Name & address if independent or in-kind expenditure in excess of \$300	Amount
07/01/24	Kansas Governmental Ethics Commission 901 S. Kansas Ave Topeka KS 66603	Filing Fee Ethics Filing	\$50.00
Total Itemized Expenditures This Period			\$50.00
Total Unitemized Expenditures of \$50 or less			\$0
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$50.00

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