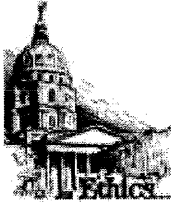


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**Campaign Finance Receipts
& Expenditures Report**
1/10/2025

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 Independent Pharmacy**

Filing Report Address: **3512 sw Fairlawn Rd**

Address2: **Ste 300**

City: **Topeka** Zip: **66614**

Chairperson Home Phone: Chairperson Business Phone:

Party Committee PAC

SUMMARY (covering the period from 10/25/2024 through 12/31/2024)

1	CASH ON HAND AT BEGINNING OF PERIOD		\$55,302.31
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$200.00
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$55,502.31
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$612.17
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$54,890.14
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: **1/7/2025 2:19:25 PM**

Signature of Treasurer: **Chellie Ortiz**

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[Print this form](#) or [Go Back](#)**SCHEDULE A****CONTRIBUTIONS AND OTHER RECEIPTS**Committee: **Kansas Independent Pharmacy**

Date	Name and Address of Contributor	Type of Payment	Occupation of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, E-funds, Other		
12/01/24	Jayhawk Pharmacy 3510 Clinton Parkway Place 220 Lawrence KS 66047	Credit Card		\$100.00
11/01/24	Jayhawk Pharmacy 3510 Clinton Parkway Place 220 Lawrence KS 66047	Credit Card		\$100.00
Total Itemized Receipts for Period				\$200.00
Total Unitemized Contributions (\$50 or less)				\$0
Sale of Political Materials (Unitemized)				\$0
Total Contributions When Contributor Not Known				\$0
TOTAL RECEIPTS THIS PERIOD				\$200.00

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

Date	Name and Address	Purpose of Expenditure or Disbursement Candidate Name & address if independent or in-kind expenditure in excess of \$300	Amount
12/31/24	Currus, Inc. 3512 SW Fairlawn Rd Ste 300 Topeka KS 66614	Miscellaneous Entity fee for accounting software	\$605.41
Total Itemized Expenditures This Period			\$605.41
Total Unitemized Expenditures of \$50 or less			\$6.76
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$612.17

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