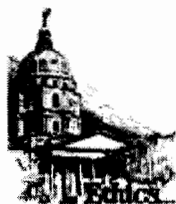


[Print this form](#) or [Go Back](#)



**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 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 10/25/2024 through 12/31/2024)		
1	CASH ON HAND AT BEGINNING OF PERIOD	\$156.44
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print \$10.00
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2) \$166.44
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print \$0.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3) \$166.44
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: **1/7/2025 8:46:04 AM**

Signature of Treasurer: **Lori E. Blake**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

SCHEDULE A

CONTRIBUTIONS AND OTHER RECEIPTS

Committee: Kansas Democratic Disability Caucus

Date	Name and Address of Contributor	Type of Payment	Occupation of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, E-funds, Other		
Total Itemized Receipts for Period				\$0.00
Total Unitemized Contributions (\$50 or less)				\$10.00
Sale of Political Materials (Unitemized)				\$0
Total Contributions When Contributor Not Known				\$0
TOTAL RECEIPTS THIS PERIOD				\$10.00

[Print this form](#) or [Go Back](#)