# KANSAS GOVERNMENTAL ETHICS COMMISSION RECEIVED

## RECEIPTS AND EXPENDITURES REPORT OF A CANDIDATE FOR STATE OFFICE

AUG 1 2 2015

January 10, 2013

KS Governmental Ethics Commission

## FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

| A.     | Name of Candidate: Peter Brungardt                                                                                                                                                                                                                   |           | And the second       |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
|        | Address: 847 E Fairdale                                                                                                                                                                                                                              |           |                      |
|        | City and Zip Code: Salina 67401                                                                                                                                                                                                                      | County:   | Saline               |
|        | Compte                                                                                                                                                                                                                                               | District: | 2446                 |
| В.     | Check only if appropriate: Amended Filing Termin                                                                                                                                                                                                     | ation Re  | eport                |
| C.     | Summary (covering the period from January 1, 2012 through December 31                                                                                                                                                                                | 1, 2012)  |                      |
|        | 1. Cash on hand at beginning of period                                                                                                                                                                                                               |           | 43,423.65            |
|        | 2. Total Contributions and Other Receipts (Use Schedule A)                                                                                                                                                                                           |           | none                 |
|        | 3. Cash available this period (Add Lines 1 and 2)                                                                                                                                                                                                    |           | 40.400.00            |
|        | 4. Total Expenditures and Other Disbursements (Use Schedule C)                                                                                                                                                                                       |           | 527.51               |
|        | 5. Cash on hand at close of period (Subtract Line 4 from 3)                                                                                                                                                                                          |           | 42,896.14            |
|        | 6. In-Kind Contributions (Use Schedule B) none                                                                                                                                                                                                       |           |                      |
|        | 7. Other Transactions (Use Schedule D) none                                                                                                                                                                                                          |           |                      |
| D. '   | "I declare that this report, including any accompanying schedules and statements and to the best of my knowledge and belief is true, correct and complete. I und failure to file this document or intentionally filing a false document is a class A | erstand   | that the intentional |
| 4 Date | Signature of Candidate or Treasurer                                                                                                                                                                                                                  |           | <del></del>          |

GEC Form Rev, 2001

## SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

| Peter | Brun | igar | ďt |
|-------|------|------|----|
|-------|------|------|----|

(Name of Candidate)

| Da:e     | Name and Address                             | Purpose of Expenditure or Disbursement | Amount   |
|----------|----------------------------------------------|----------------------------------------|----------|
| 3/12/12  | Verizon<br>777 Big Timber<br>Elgin, Il 60125 | Cell phone                             | \$266.47 |
| 12/31/12 | Verizon<br>777 Big Timber<br>Elgin, II 60125 | Cell phone                             | \$130.52 |
| 12/28/12 | Verizon<br>777 Big Timber<br>Elgin, II 60125 | Cell phone                             | \$130.52 |
|          |                                              |                                        |          |
|          |                                              |                                        |          |
|          |                                              |                                        |          |
|          |                                              |                                        |          |
|          |                                              |                                        |          |
|          | Subtotal This Page                           |                                        | \$527.51 |

### Complete if last page of Schedule C

| Total Itemized Expenditures This Period                                     | \$527.51 |
|-----------------------------------------------------------------------------|----------|
| Total Unitemized Expenditures of \$50 or less                               |          |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary) | \$527.51 |

| Page ( | of |
|--------|----|
|--------|----|

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#### January 10, 2013

## FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

| A. Name of Candidate: Peter Brungardt                                                                                                                                                                                                                                                       | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Address: 847 E Fairdale                                                                                                                                                                                                                                                                     | - Marie Control of the Control of th |
|                                                                                                                                                                                                                                                                                             | County: Saline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                             | District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Office Sought:                                                                                                                                                                                                                                                                              | Jistrict:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| B. Check <b>only</b> if appropriate: Amended Filing Termin                                                                                                                                                                                                                                  | nation Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| C. Summary (covering the period from October 26, 2012 through December 3                                                                                                                                                                                                                    | 31, 2012)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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)                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. Total Expenditures and Other Disbursements (Use Schedule C)                                                                                                                                                                                                                              | 000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5. Cash on hand at close of period (Subtract Line 4 from 3)                                                                                                                                                                                                                                 | 44 440 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 6. In-Kind Contributions (Use Schedule B) none                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. Other Transactions (Use Schedule D) none                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| D. "I declare that this report, including any accompanying schedules and statements and to the best of my knowledge and belief is true, correct and complete. I und failure to file this document or intentionally filing a false document is a class A Signature of Candidate or Treasurer | lerstand that the intentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Digitale of Caldidate of Freasures                                                                                                                                                                                                                                                          | GEC Form Rev, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |