KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A CANDIDATE FOR STATE OFFICE

RECEIVED

January 10, 2015

APR 24 2015

GEC Form Rev, 2015

FILE WITH SECRETARY OF STATE

KS Governmental Ethics Commission
SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Candidate: Vicki Schmidt Address: 5906 SW 43rd Ct.		
	City and Zip Code: Topeka, 66610	County:	Shawnee
		District:	
В.	Check only if appropriate: Amended Filing Terms	ination Re	eport
C.	Summary (covering the period from January 1, 2014 through December 3	31, 2014)	
	Cash on hand at beginning of period		59408.30
	2. Total Contributions and Other Receipts (Use Schedule A)		250.00
	3. Cash available this period (Add Lines 1 and 2)		59658.30
	4. Total Expenditures and Other Disbursements (Use Schedule C)		7.55
	5. Cash on hand at close of period (Subtract Line 4 from 3)		59650.75
	6. In-Kind Contributions (Use Schedule B)		
	7. Other Transactions (Use Schedule D)		
D. 1	"I declare that this report, including any accompanying schedules and statemen and to the best of my knowledge and belief is true, correct and complete. I un failure to file this document or intentionally filing a false document is a class	derstand	that the intentional
	4/21/2015 Signature of Candidate or Treasurer		
Date	e Signature of Candidate or Treasurer		

Vicki L. SchmidtSCHEDULE A(Name of Candidate)CONTRIBUTIONS AND OTHER RECEIPTS

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	TYPE	Amount of Cash, Check, Loan or Other Receipt
	Ron Hein			
	6729 SW Sherwood Ct.	Government		
8/12/14	Topeka, KS 66614	Affairs/Government	PayPal	\$250.00
		Complete if last page of Scho	edule A	
	Total Itemized Receipts for Period		-	\$250.00
	Total Unitemized Contributions (\$50 or less)			\$0.00
	Sale of Political Materials (Unit	emized)		\$0.00
	Total Contributions When Contributor Not Known			\$0.00
	TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)			\$250.00

<u>Vicki L. Schmidt</u> (Name of Candidate) SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

DATE	NAME & ADDRESS	PURPOSE OF EXPENDITURES OR DISBURSEMENT	ANACHINIT	
DATE	INAIVIE & ADDRESS	DISBURSEIVIEIVI	AMOUNT	
	<u> </u>			
	<u> </u>	-		
		Complete if last page of Schedule C		
	Total Itemized Exper	nditures This Period	\$0.00	
	Total Unitemized Expenditure of \$50 or less			
TAL EXPEN	NDITURES & OTHER DISBU	JRSEMENTS THIS PERIOD (to line 4 of Summary)	\$7.5!	