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**Campaign Finance Receipts
& Expenditures Report
1/10/2024**

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 Candidate Name: **Shanna Henry**
Finance Address: **15614 SE 22 St.**
Filing Report Address2:
City: **Cheney** Zip: **67025** County: **Kingman**
Home Phone: **(316) 540-0055** Business Phone:
Office Sought: **State Senator** District: **34**

SUMMARY (covering the period from 1/1/2023 through 12/31/2023)

| | | |
|--|---|------------|
| 1 CASH ON HAND AT BEGINNING OF PERIOD | | \$9,909.77 |
| 2 TOTAL CONTRIBUTIONS AND OTHER RECEIPTS | (Schedule A) view/print | \$0.00 |
| 3 CASH AVAILABLE THIS PERIOD | (Add Lines 1 and 2) | \$9,909.77 |
| 4 TOTAL EXPENDITURES AND OTHER DISBURSEMENTS | (Schedule C) view/print | \$111.00 |
| 5 CASH ON HAND AT CLOSE OF PERIOD | Subtract Line 4 from 3) | \$9,798.77 |
| 6 IN-KIND (NON-MONETARY) CONTRIBUTIONS | (Schedule B) view/print | \$269.76 |
| 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: **1/9/2024 4:05:39 PM**
Signature of Candidate or Treasurer: **Shanna Henry**

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SCHEDULE B

IN-KIND (NON-MONETARY) CONTRIBUTIONS

Candidate: Shanna Henry

| Date | Name and Address of Contributor | Occupation of Individual Giving More Than \$150 | Description of In-Kind Contribution | Value of In-Kind Contribution |
|--|--|--|--|--------------------------------------|
| Total Itemized (over \$100) In-Kind Contributions | | | | \$0 |
| Total Unitemized (\$100 or less) In-Kind Contributions | | | | \$269.76 |
| TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD | | | | \$269.76 |

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SCHEDULE C

EXPENDITURES AND OTHER DISBURSEMENTS

Candidate: Shanna Henry

| Date | Name and Address | Purpose of Expenditure or Disbursement | Amount |
|---|-------------------------|---|-----------------|
| Total Itemized Expenditures This Period | | | \$0 |
| Total Unitemized Expenditures of \$50 or less | | | \$111.00 |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD | | | \$111.00 |

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