

**KANSAS PUBLIC DISCLOSURE COMMISSION**

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

**January 10, 2026**

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

**RECEIVED**  
JAN 14 2026  
KS Public Disclosure Commission

A. Name of Candidate: DAVID HALEY  
Address: Post Office Box 171110  
City and Zip Code: Kansas City County: WY  
Office Sought: State Senate District: Four

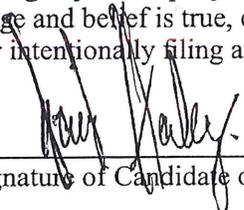
B. Check **only** if appropriate:  Amended Filing  Termination Report

C. Summary (covering the period from January 1, 2025 through December 31, 2025)

|  |                  |
|--|------------------|
| 1. Cash on hand at beginning of period .....                         | <u>19,606.78</u> |
| 2. Total Contributions and Other Receipts (Use Schedule A) .....     | <u>7,000.00</u>  |
| 3. Cash available this period (Add Lines 1 and 2) .....              | <u>26,606.78</u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) ..... | <u>8,158.52</u>  |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) .....    | <u>18,448.26</u> |
| 6. In-Kind Contributions (Use Schedule B) .....                      | <u>0.00</u>      |
| 7. Other Transactions (Use Schedule D) .....                         | <u>0.00</u>      |

D. "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."

01/10/2026  
Date

  
Signature of Candidate or Treasurer

**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

DAVID HALEY

(Name of Candidate)

| Date                      | Name and Address of Contributor                                      | Occupation of Individual Giving More Than \$150 | Primary Total \$ | General Total \$ | Check Appropriate Box    |                          |                                     |                          | Total Amount Received |
|---------------------------|--|---|------------------|------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|
|                           |  |   |                  |                  | Cash                     | Check                    | Loan                                | E funds Other            |                       |
|                           |  |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                       |
|                           |  |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                       |
|                           |  |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                       |
|                           |  |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                       |
|                           |  |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                       |
| 10/15/25<br>+             | Butler National Corp.<br>1 Aero Plaza<br>New Century, KS 66031       |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 500.00             |
| 10/21/25<br>+             | KS Hospital Assoc.<br>215 S.E. 8th Ave.<br>Topeka, KS 66603          |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 250.00             |
| 10/21/25<br>+             | Blue Cross Blue Shield KS<br>1133 SW Topeka Blvd<br>Topeka, KS 66629 |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 500.00             |
| 10/24/25<br>+             | A T & T KS<br>5400 Foxridge Dr, #114<br>Mission, KS 66202            |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 500.00             |
| 11/25/25<br>+             | KS Bankers Assoc PAC<br>P.O.Box 4407<br>Topeka, KS 66604             |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 500.00             |
|                           |  |   |                  |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                       |
| <b>Subtotal This Page</b> |  |   |                  |                  |                          |                          |                                     |                          | <b>\$ 2,250.00</b>    |

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**SCHEDULE A  
CONTRIBUTIONS AND OTHER RECEIPTS**

DAVID HALEY

(Name of Candidate)

| Date                      | Name and Address of Contributor   | Occupation of Individual Giving More Than \$150 | Primary Total \$ | General Total \$ | Check Appropriate Box    |                                     |                          |                          | Total Amount Received |
|---------------------------|---|---|------------------|------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------|
|                           |   |   |                  |                  | Cash                     | Check                               | Loan                     | E funds Other            |                       |
| 11/30/25                  | KS State Farm Insurance Agents/Employees PAC 825 S. KS Ave. #500 Topeka, KS 66612 |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,000.00           |
| 12/03/25                  | KS Automobile Dealers 731 S. Kansas Ave. Topeka, KS 66603                         |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00             |
| 12/16/25                  | Prarie Band Potowatomi 16281 Q Road Mayetta, KS 66509                             |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00             |
| 12/24/25                  | KS Independent Pharmacy PAC 3512 SW Fairlawn Road #300 Topeka, KS 66614           |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00             |
| 12/24/25                  | KS Crossing Casino 1275 S. Hwy 69 Pittsburg, KS 66762                             |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00             |
| 12/24/25                  | NASCAR Holdings (KS Speedway Corp.) 1 Daytona Blvd. Daytona Beach, FL 32114       |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00             |
| 12/24/25                  | KS Pharmacists Assoc. PAC 1020 SW Fairlawn Road Topeka, KS 66604                  |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,000.00           |
| 12/24/25                  | KS Optometric PAC 632 SW Van Buren St #100 Topeka, KS 66603                       |   |                  |                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,000.00           |
| <b>Subtotal This Page</b> |   |   |                  |                  |                          |                                     |                          |                          | <b>\$ 4,750.00</b>    |

Complete if last page of Schedule A

|   |                |
|---|----------------|
| Total Itemized Receipts for Period                        |                |
| Total Unitemized Contributions (\$50 or less)             |                |
| Sale of Political Materials (Unitemized)                  |                |
| Total Contributions When Contributor Not Known            |                |
| <b>TOTAL RECEIPTS THIS PERIOD (to line 2. of Summary)</b> | <b>\$ 0.00</b> |

**SCHEDULE B  
IN-KIND (Non-Monetary) CONTRIBUTIONS**

DAVID HALEY

(Name of Candidate)

| Date                      | Name and Address of Contributor | List Occupation for Those Giving an In-Kind of More Than \$150 | Description of In-Kind Contribution (Primary/General Period) | Value of In-Kind Contribution |
|---------------------------|---------------------------------|--|--|-------------------------------|
|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
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|                           |                                 |  |  |                               |
|                           |                                 |  |  |                               |
| <b>Subtotal This Page</b> |                                 |  |  | \$0.00                        |

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|   |        |
|---|--------|
| Total Itemized (over \$100) In-Kind Contributions                     | \$0.00 |
| Total Unitemized (\$100 or less) In-Kind Contributions                | \$0.00 |
| <b>TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)</b> |        |

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**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

**DAVID HALEY**

(Name of Candidate)

| Date                      | Name and Address  | Primary \$ | General \$ | Purpose of Expenditure or Disbursement                           | Amount             |
|---------------------------|---|------------|------------|--|--------------------|
| 03/15/2                   | Kay Mercer<br>c/o 300 SW 10th<br>Topeka, KS 66612                                   |            |            | Non-Governmental Office<br>( Cumulative Expenses ) Reimbursement | \$ 150.00          |
| 03/15/2                   | WYCO Dems B'fast AND Sunflower State Journal<br>KCKS (\$120) AND Topeka, KS (\$200) |            |            | Annual Subscriptions   | \$ 320.00          |
| 11/15/2                   | United Airlines   |            |            | Air R/T (MCI-GPT)<br>NBCSL ALC                                   | \$ 518.00          |
| 12/30/2                   | KCPBS<br>125 E.31st St.<br>KCMO 64106   |            |            | Media Donation<br>( Monthly Cumulative - Annual )                | \$ 372.00          |
| 12/30/2                   | CHARTER SPECTRUM  |            |            | News Media Cable<br>( Monthly Cumulative - Annual )              | \$ 2,948.52        |
| 12/30/2                   | NBUF-KC Chapter<br>KCMO   |            |            | Annual Contribution  | \$ 100.00          |
| 12/30/2                   | Postmaster USPS<br>Civic Centre Station<br>KCKS 66117                               |            |            | Annual PO Box Rental   | \$ 242.00          |
| 12/30/2                   | SPRINT / T-MOBILE<br>620 Sprint Pkwy<br>OP, KS 66251                                |            |            | Phone Service<br>( Monthly AVG Cumulative - Annual )             | \$ 1,560.00        |
| <b>Subtotal This Page</b> |   |            |            |  | <b>\$ 6,210.52</b> |

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|  |                    |
|--|--------------------|
| Total Itemized Expenditures This Period  | \$ 6,210.52        |
| Total Unitemized Expenditures of \$50 or less  | \$ 1,948.00        |
| <b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS<br/>THIS PERIOD (to line 4 of Summary)</b> | <b>\$ 8,158.52</b> |

Page 4 of 5

**SCHEDULE D  
OTHER TRANSACTIONS**

DAVID HALEY

(Name of Candidate)

| Date                      | Name and Address | Nature of Account or Loan Payable<br>or Loan Receivable | Balance at<br>Close of<br>Period |
|---------------------------|------------------|---|----------------------------------|
|                           |                  |   |                                  |
|                           |                  |   |                                  |
|                           |                  |   |                                  |
|                           |                  |   |                                  |
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|                           |                  |   |                                  |
| <b>Subtotal This Page</b> |                  |   | \$0.00                           |

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|  |        |
|--|--------|
| <b>TOTAL OTHER TRANSACTIONS (to line 7 of Summary)</b> | \$0.00 |
|--|--------|