# KANSAS GOVERNMENTAL ETHICS COMMISSION PECEIPTS AND EXPENDITURES REPORT TTICAL OR PARTY COMMITTEE TO SHEET STORY OF THE STORY OF THE

# SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Committee: Brown County Central Committee - Republic	an Party				
	Address: 7 Jane Bebermeyer 1407 320th St.					
	City and Zip Code: Hiawatha KS 66434					
	This is a (check one):  Y Party Committee Political Committee	ee				
В.	Check only if appropriate: Amended Filing Termination Repo	ort				
C.	Summary (covering the period from January 1, 2008 through July 24, 2008)					
	1. Cash on hand at beginning of period	1832.66				
	2. Total Contributions and Other Receipts (Use Schedule A)	376.35				
	3. Cash available this period (Add Lines 1 and 2)	2209.01				
	4. Total Expenditures and Other Disbursements (Use Schedule C)	50.00				
	5. Cash on hand at close of period (Subtract Line 4 from 3)	2159.01				
	6. In-Kind Contributions (Use Schedule B)					
	7. Other Transactions (Use Schedule D)					
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."  7-28-19  Date  Signature of Treasurer						
Dal		C Form Rev, 2001				

Page / of /

## SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Date	of Contributor	Than \$150	Cosb	Check		Oiber	Loan or Other Receipt
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and the state of t		plete if Last page of Schedu	le A	***************************************	ryda (trajarii)		
Total	Itemized Receipts for Period						- 0 -
Total	Unitemized Contributions (\$5	0 or less)					
<del></del>	of Political Materials (Unitemiz						
<u>~</u>	Contributions When Contribut AL RECEIPTS THIS PERIC	The second control of	Marie France	- 100g (ng 188)	dun de les este	overegensk den ri	376.35 376.35

# SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

( Name of Party Committee or Political Committee)

		Purpose of Expenditure	Amount
Dute	Name and Address of Contributor	List candidate name & address if independent or in-kind expenditure in excess of \$300	
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## Complete if last page of Schedule C

Total Itemized Expenditures This Period	
Total Uniternized Expenditures of \$50 or less	50. <u>00</u>
TOTAL EXPENDITURES & OTHER DISEURSEMENTS THIS PERIOD (to line 4 of Summary)	\$ 50.00

Page \_\_\_\_of\_\_