

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE

RECEIVED

JAN 02 2009

January 10, 2009

KS Governmental Ethics Commission

FILE WITH SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: Marshall County Republican Committee  
Address: 707 Broadway  
City and Zip Code: Marysville KS 66508  
This is a (check one):  Party Committee  Political Committee

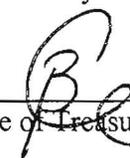
B. Check **only** if appropriate:  Amended Filing  Termination Report

C. Summary (covering the period from October 24, 2008 through December 31, 2008)

1. Cash on hand at beginning of period .....	<u>131.99</u>
2. Total Contributions and Other Receipts (Use Schedule A) .....	<u>0</u>
3. Cash available this period (Add Lines 1 and 2) .....	<u>131.99</u>
4. Total Expenditures and Other Disbursements (Use Schedule C) .....	<u>117.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3) .....	<u>14.99</u>
6. In-Kind Contributions (Use Schedule B) .....	<u>0</u>
7. Other Transactions (Use Schedule D) .....	<u>0</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."

12-31-08  
Date

  
Signature of Treasurer

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Marshall County Republican Committee

(Name of Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure	Amount
		List candidate name & address if independent or in-kind expenditure in excess of \$300	
10-28-08	The Marysville Advocate 107 S. 9th Marysville KS 66508	general Republican advertising in local newspaper encouraging citizens to vote	117.00
<b>Subtotal This Page</b>			117.00

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EXPENDITURES AND OTHER DISBURSEMENTS**

Marshall County Republican Committee

(Name of Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure	Amount
		List candidate name & address if independent or in-kind expenditure in excess of \$300	
<b>Subtotal This Page</b>			

**Complete if last page of Schedule c**

Total Itemized Expenditures This Period	117.00
Total Unitemized Expenditures of \$50 or less	0
<b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)</b>	<b>117.00</b>