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**Campaign Finance Receipts
& Expenditures Report**
January 10 2016

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

Check only if appropriate ☐ Amended Filing ☐ Termination Report

Campaign Finance Organization Name: **Clay County Democrats**

Filing Report Address: **911 Dexter St.**

Address2:

City: **Clay Center** Zip:

Chairperson Home Phone: **(785) 268-0443** Chairperson Business Phone: **(785) 632-2127**

☒ Party Committee ☐ PAC

SUMMARY (covering the period from January 01 2015 through December 31 2015)		
1	CASH ON HAND AT BEGINNING OF PERIOD	\$0.00
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print \$441.50
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2) \$441.50
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print \$20.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3) \$421.50
6	IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) view/print \$0.00
7	OTHER TRANSACTIONS	(Schedule D) view/print \$0.00
<p>"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."</p>		
<p>Electronically filed on: 1/4/2016 10:53:15 AM Signature of Treasurer: Wayne P. Link</p>		

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Committee: Clay County Democrats

Date	Name and Address of Contributor	Type of Payment	Occupation And Industry of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, Other		
08/26/16	Tom Hawk 2600 Woodhaven Ct Manhattan KS 66502	Check	State Senator	\$100.00
09/19/16	Hawk for Senate 1927 Anderson Ave Manhattan KS 66502	Check		\$200.00
Total Itemized Receipts for Period				\$300.00
Total Unitemized Contributions (\$50 or less)				\$141.50
Sale of Political Materials (Unitemized)				\$0.00
Total Contributions When Contributor Not Known				\$0.00
TOTAL RECEIPTS THIS PERIOD				\$441.50

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[Print this form](#) or [Go Back](#)**SCHEDULE C****EXPENDITURES AND OTHER DISBURSEMENTS**

Committee: Clay County Democrats

Date	Name and Address	Purpose of Expenditure or Disbursement Candidate Name & address if independent or in-kind expenditure in excess of \$300	Amount
Total Itemized Expenditures This Period			\$0
Total Unitemized Expenditures of \$50 or less			\$20.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$20.00

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