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**Campaign Finance Receipts
& Expenditures Report**
10/31/2016

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: **Osage County Republican Central Committee**

Filing Report Address: **P. O. Box 325**

Address2:

City: **Carbondale** Zip: **66414**

Chairperson Home Phone: **(785) 806-5388** Chairperson Business Phone:

Party Committee PAC

SUMMARY (covering the period from 7/22/2016 through 10/27/2016)			
1	CASH ON HAND AT BEGINNING OF PERIOD		351.66
2	TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(Schedule A) view/print	\$166.12
3	CASH AVAILABLE THIS PERIOD	(Add Lines 1 and 2)	\$517.78
4	TOTAL EXPENDITURES AND OTHER DISBURSEMENTS	(Schedule C) view/print	\$25.00
5	CASH ON HAND AT CLOSE OF PERIOD	Subtract Line 4 from 3)	\$492.78
6	IN-KIND (NON-MONETARY) CONTRIBUTIONS	(Schedule B) view/print	\$0.00
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: 10/29/2016 10:06:49 AM Signature of Treasurer: Gaylord Anderson			

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SCHEDULE A

CONTRIBUTIONS AND OTHER RECEIPTS

Committee: Osage County Republican Central Committee

Date	Name and Address of Contributor	Type of Payment	Occupation And Industry of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, Other		
Total Itemized Receipts for Period				\$0.00
Total Unitemized Contributions (\$50 or less)				\$166.12
Sale of Political Materials (Unitemized)				\$0
Total Contributions When Contributor Not Known				\$0
TOTAL RECEIPTS THIS PERIOD				\$166.12

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SCHEDULE C

EXPENDITURES AND OTHER DISBURSEMENTS

Committee: Osage County Republican Central Committee

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			\$25.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD			\$25.00

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