

KANSAS GOVERNMENTAL ETHICS COMMISSION

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

March 30, 2015

**FILE WITH COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS**

A. Name of Candidate: _____
Address: _____
City and Zip Code: _____ County: _____
Office Sought: _____ District: _____

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

C. Summary (covering the period from February 20, 2015 through March 26, 2015)

1. Cash on hand at beginning of period	_____
2. Total Contributions and Other Receipts (Use Schedule A)	_____
3. Cash available this period (Add Lines 1 and 2)	_____
4. Total Expenditures and Other Disbursements (Use Schedule C)	_____
5. Cash on hand at close of period (Subtract Line 4 from 3)	_____
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."

Date

Signature of Candidate or Treasurer

INSTRUCTIONS

In addition to the instructions set out below, each schedule includes detailed instructions. If you have no items to report on one or more schedules, do not return that particular schedule or schedules. The forms used for each schedule in this report may be duplicated or the information may be itemized on 8 ½" x 11" computer printouts or any 8 ½" x 11" paper, providing the information required is in the same format. When duplicating, use one side of paper only. Please type or print.

This report is to be filed with the candidate's county election officer.

- Line 1. Cash on hand at beginning of the period should be the same as the closing balance from the previous period. If this is your first report, the amount should be zero.
- Line 2. See Schedule A for detailed instructions. If you have no contributions or other receipts to report, the word "None" should be entered on the appropriate line.
- Line 3. The total of lines 1 and 2 should be entered on this line.
- Line 4. See Schedule C for detailed instructions. If you have no expenditures to report, the word "None" should be entered on this line.
- Line 5. Subtract line 4 from line 3 and enter the total on this line.
- Line 6. See Schedule B for detailed instructions. If you have no in-kind contributions to report the word "None" should be entered on the appropriate line.
- Line 7. See Schedule D for detailed instructions. If you have no accounts payable, loans payable, or loans receivable, the word "None" should be entered on this line.

**SCHEDULE B
IN-KIND CONTRIBUTIONS**

(Name of Candidate) _____

Date	Name and Address of Contributor	List Occupation & Industry for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Subtotal This Page				

Complete if last page of Schedule B

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

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

(Name of Candidate) _____

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
Subtotal This Page			

Complete if last page of Schedule c

Total Itemized Expenditures This Period	
Total Unitemized Expenditures of \$50 or less	
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	

