

KANSAS GOVERNMENTAL ETHICS COMMISSION

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

January 10, 2021

**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 January 1, 2020 through December 31, 2020)

| | |
|--|-------|
| 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."

_____ *William J Hentzler*
Date Signature of Candidate or Treasurer

**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) | |

**SCHEDULE D
OTHER TRANSACTIONS**

(Name of Candidate) _____

| Date | Name and Address | Nature of Account or Loan Payable or Loan Receivable | Balance at Close of Period |
|---------------------------|------------------|---|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Subtotal This Page | | | |

Complete if last page of Schedule D

| | |
|--|--|
| TOTAL OTHER TRANSACTIONS (to line 7 of Summary) | |
|--|--|