

KANSAS GOVERNMENTAL ETHICS COMMISSION

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

January 10, 2025

FILE WITH COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: Eric B. Hyde
Address: 619 E 8th St #110 *(Officially changing from #404 on March 15th, 2025, on my wedding day.)*
City and Zip Code: Lawrence 66044 County: Douglas
Office Sought: City Commission District: _____

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

C. Summary (covering the period from January 1, 2024 through December 31, 2024)

1. Cash on hand at beginning of period	<u>\$ 0</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>\$ 0</u>
3. Cash available this period (Add Lines 1 and 2)	<u>\$ 0</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>\$ 0</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>\$ 0</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."

December 13, 2024
Date

Eric B. Hyde
Signature of Candidate or Treasurer

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Candidate)

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Candidate)

Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	E funds Other	
Subtotal This Page							

Complete if last page of Schedule A

Total Itemized Receipts for Period	
Total Unitemized Contributions (\$50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	

SCHEDULE B
IN-KIND CONTRIBUTIONS

(Name of Candidate)

Date	Name and Address of Contributor	List Occupation 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)

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)

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)