KANSAS GOVERNMENTAL ETHICS COMMISSION

January 10, 2024

FILE WITH COUNTY ELECTION OFFICER SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Candidate: Justine Burton Address: 1908 Fast 19th Street, W115 City and Zip Code: LAWrence 66046 County: Daylas Office Sought: City Commission District: 2
В.	Check only if appropriate: Amended Filing Termination Report
C.	Summary (covering the period from October 27, 2023 through December 31, 2023) 1. Cash on hand at beginning of period
D. " /2 Date	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." 11
	GEC Form 2024

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Name of Candidate

	Name and Address	Occupation of Individual Giving More		Ch Approp	eck riate Bo	x	Amount of Cash, Check, Loan or Other
Date	of Contributor	Than \$150	Cash	Check	Loan	E Funds Other	Receipt
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	Subtotal This Page						

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SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Candidate)		
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	Name and Address	Occupation of Individual Giving More		Cl Approp	neck riate B	ox	Amount of Cash, Check,
Date	of Contributor	Than \$150	Cash	Check	Loan	E funds Other	Loan or Other Receipt
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Complete if last page of Schedule A

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

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SCHEDULE B IN-KIND CONTRIBUTIONS

CHOINE DUNCTON	Justine	Burton
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(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)	

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SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

(Name of Candidate)	

Date	Name and Address	Purpose of Expenditure Or Disbursement	Amount
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SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Name		

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
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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)	

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SCHEDULE D OTHER TRANSACTIONS

(Name of Candidate)	
(2.00000)	

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

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	

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