

KANSAS GOVERNMENTAL ETHICS COMMISSION

OCT 26 AM 11:37
DOUGLAS COUNTY CLERK

RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR COUNTY OFFICE

October 26, 2020

FILE WITH COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: Kim L. Murphree
Address: 418 Minnesota
City and Zip Code: Lawrence, KS 66044 County: Douglas
Office Sought: Register of Deeds District: _____

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

C. Summary (covering the period from July ^{27th} 24, 2020 through October 22, 2020)

| | |
|--|----------|
| 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> |

All transactions on previous report through July 27th 2020

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."

10/21/2020
Date

[Signature]
Signature of Candidate or Treasurer

**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 | <u>E funds</u> Other | |
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|--|--|
| 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 |
|---------------------------|---------------------------------|--|-------------------------------------|-------------------------------|
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|---|--|
| 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 |
|---------------------------|------------------|---|--------|
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| 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 |
|---------------------------|------------------|---|----------------------------------|
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|--|--|
| TOTAL OTHER TRANSACTIONS (to line 7 of Summary) | |
|--|--|