KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A CANDIDATE FOR COUNTY OFFICE

January 10, 2021

FILE WITH COUNTY ELECTION OFFICER SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Candidate: Doug Woods 4 Sheriff
	Address: 4106 (1) 6th Street Suite B
	City and Zip Code: Lawrence, Ks 66049 County: Dogglas Office Sought: Sheriff District:
	Office Sought: She of the District:
	Office Sought
B.	Check only if appropriate: Amended Filing Termination Report
C.	Summary (covering the period from October 23, 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."
ナ	11 soul
Date	Signature of Candidate or Treasurer

GEC Form Rev, 2020

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Name of Candidate)

Name of Candidate)

	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box			Amount of Cash, Check,	
Date			Cash	Check	Loan	E funds Other	Loan or Other Receipt
	·						
							3
	Subtotal This Page				1		Ø

Complete if last page of Schedule A

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

SCHEDULE B IN-KIND CONTRIBUTIONS

Doug Woods 4 Sheriff

Subtotal This Page

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
	\emptyset			
				3

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	0
Total Unitemized (\$100 or less) In-Kind Contributions	8
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	Ø

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Name of Candidate)

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

Complete if last page of Schedule C

Total Itemized Expenditures This Period	Ø
Total Unitemized Expenditures of \$50 or less	0
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	Ø

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
			<i></i>
	Subtotal This Page		<i>J</i>

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	Ø