

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR COUNTY OFFICE

January 10, 2015

FILE WITH COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: Kenneth McGovern
Address: 4029 Harvard Rd.
City and Zip Code: Lawrence KS 66049 County: Douglas
Office Sought: County Sheriff District: _____

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

C. Summary (covering the period from January 1, 2014 through December 31, 2014)

1. Cash on hand at beginning of period	<u>520.104</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>—</u>
3. Cash available this period (Add Lines 1 and 2)	<u>—</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>—</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>520.64</u>
6. In-Kind Contributions (Use Schedule B)	_____
7. Other Transactions (Use Schedule D)	_____

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LAWRENCE, KS
2015 JAN 12 PM 1:50

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."

1/9/2015
Date

[Signature] Treasurer
Signature of Candidate or Treasurer
for McGovern for Sheriff

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

Kenneth McGovern
(Name of Candidate)

Date	Name and Address of Contributor	Occupation & Industry 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	
	<i>none</i>						
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**

Kenneth McGovern
(Name of Candidate)

Date	Name and Address of Contributor	List Occupation & Industry for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
	<i>none</i>			
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

Kenneth McGovern
(Name of Candidate)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
	— none —		
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**

Kenneth McGovern
(Name of Candidate)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
	<i>None</i>		
Subtotal This Page			

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	
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