

KANSAS GOVERNMENTAL ETHICS COMMISSION

**RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR CITY OFFICE**

January 10, 2018

**FILE WITH COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS**

A. Name of Candidate: Bassem Chahine
Address: 4405 Stone Meadows Court
City and Zip Code: Lawrence 66049 County: Douglas
Office Sought: City Commission District: -

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

C. Summary (covering the period from October 27, 2017 through December 31, 2017)

1. Cash on hand at beginning of period	<u>\$261.05</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>-</u>
3. Cash available this period (Add Lines 1 and 2)	<u>\$261.05</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>\$261.05</u>
6. In-Kind Contributions (Use Schedule B)	<u>-</u>
7. Other Transactions (Use Schedule D)	<u>-</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."

1/10/18
Date

B. Chahine
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	E Funds Other	
Subtotal This Page							

**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	
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) _____

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)	

