

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR CITY OFFICE

2021 OCT -8 PM 2: 38

October 25, 2021

FILE WITH COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Candidate: JOE MCGRAW
Address: 1004 Oaktree Place
City and Zip Code: Manhattan Ks 66503 County: Riley
Office Sought: City Commissioner District: _____

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

C. Summary (covering the period from July 23, 2021 through October 21, 2021)

1. Cash on hand at beginning of period	<u>\$950.00</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>Ø</u>
3. Cash available this period (Add Lines 1 and 2)	<u>\$950.00</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>Ø</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>\$950.00</u>
6. In-Kind Contributions (Use Schedule B)	<u>Ø</u>
7. Other Transactions (Use Schedule D)	<u>Ø</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."

10/7/21
Date

Dennis R Cook, Treas.
Signature of Candidate or Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

JOE MCGRAW

(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							

Complete if last page of Schedule A

Total Itemized Receipts for Period	Ø
Total Unitemized Contributions (\$50 or less)	Ø
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**

JOE MCGRAW

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

**SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS**

JOE MCGRAW

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

**SCHEDULE D
OTHER TRANSACTIONS**

JOE MCGRAW

(Name of Candidate)

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

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	0
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