REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. [illegible] 091994 [illegible]
[illegible]
KANSAS NATION COMMITTEE FOR R.
REA ELECTRIFICATION
PO BOX 42
[illegible]
STRAND KS 66743

FEC
[illegible]
WASHINGTON
DC 20463

DEC 1 11 01 AM '94

2. FEC IDENTIFICATION NUMBER C-000-10561

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ _____ (Type of Election) election on _____ in the State of _____

☒ Thirtieth day report following the General Election on Nov. 8 in the State of Kansas.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 10-1-94 through 11-28-94

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 94		$ 6703.00
(b) Cash on Hand at Beginning of Reporting Period	$ 8152.50	
(c) Total Receipts (from Line 19)	$ 276.00	$ 1725.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8428.50	$ 8428.50
7. Total Disbursements (from Line 30)	$ 2500.00	$ 2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5928.50	$ 5928.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Dale Coomes

Signature of Treasurer: [signature]

Date: 11-28-94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

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