

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

LaPolice for Kansans

ADDRESS (number and street)

734 Lincoln St.

Check if different than previously reported. (ACC)

Clyde

KS

66938

2. FEC IDENTIFICATION NUMBER ▼

C C00552810

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

KS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Becky LaPolice Murphy

Signature of Treasurer Becky LaPolice Murphy

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
LaPolice for Kansans

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	375.00	14875.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	375.00	12275.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3135.93	8631.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	119.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3135.93	8511.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10408.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1163.51	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LaPolice for Kansans

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	14025.00
(ii) Unitemized	375.00	850.00
(iii) TOTAL of contributions from individuals	375.00	14875.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	375.00	14875.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	119.88
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	375.00	14994.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3135.93	8631.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2600.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3135.93	11231.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13169.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	375.00
25. SUBTOTAL (add Line 23 and Line 24).....	13544.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3135.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10408.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

Full Name (Last, First, Middle Initial) A. English Blackwell, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 17730 Telegraph Creek Dr.		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.5592
City Spring State TX Zip Code 77379	Purpose of Disbursement Graphic design 004 Category/Type	
Candidate Name LaPolice for Kansans	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 1601 Willow Rd.		Amount of Each Disbursement this Period 324.36 Transaction ID : SB17.5586
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement internet marketing 004 Category/Type	
Candidate Name LaPolice for Kansans	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1601 Willow Rd.		Amount of Each Disbursement this Period 295.32 Transaction ID : SB17.5602
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement internet marketing 004 Category/Type	
Candidate Name LaPolice for Kansans	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	889.68
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaPolice for Kansans

Full Name (Last, First, Middle Initial) A. GoDaddy.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 14455 N. Hayden Rd.		Amount of Each Disbursement this Period 71.88
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement website hosting	Transaction ID : SB17.5588
Candidate Name LaPolice for Kansans	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KS	District: 01	

Full Name (Last, First, Middle Initial) B. GoDaddy.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 14455 N. Hayden Rd.		Amount of Each Disbursement this Period 184.87
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement website hosting	Transaction ID : SB17.5590
Candidate Name LaPolice for Kansans	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KS	District: 01	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 144 2nd St.		Amount of Each Disbursement this Period 100.44
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Transaction ID : SB17.5619
Candidate Name LaPolice for Kansans	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KS	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	357.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaPolice for Kansans

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Short Stop		M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 1095 Lincoln St.		Amount of Each Disbursement this Period	
City Concordia State KS Zip Code 66901		65.55	
Purpose of Disbursement fuel		Transaction ID : SB17.5578	
Candidate Name LaPolice for Kansans		Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS District: 01			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Short Stop		M M / D D / Y Y Y Y 11 / 09 / 2015	
Mailing Address 1095 Lincoln St.		Amount of Each Disbursement this Period	
City Concordia State KS Zip Code 66901		65.00	
Purpose of Disbursement fuel		Transaction ID : SB17.5587	
Candidate Name LaPolice for Kansans		Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS District: 01			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. Short Stop		M M / D D / Y Y Y Y 11 / 16 / 2015	
Mailing Address 1095 Lincoln St.		Amount of Each Disbursement this Period	
City Concordia State KS Zip Code 66901		64.50	
Purpose of Disbursement fuel		Transaction ID : SB17.5594	
Candidate Name LaPolice for Kansans		Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS District: 01			

SUBTOTAL of Disbursements This Page (optional).....	185.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaPolice for Kansans

Full Name (Last, First, Middle Initial) A. U.S. Cellular		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 317.59 Transaction ID : SB17.5584
City Palatine	State IL	
Zip Code 60055	Purpose of Disbursement cell phone service	Category/ Type 001
Candidate Name LaPolice for Kansans	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: KS District: 01	

Full Name (Last, First, Middle Initial) B. U.S. Cellular		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 317.59 Transaction ID : SB17.5585
City Palatine	State IL	
Zip Code 60055	Purpose of Disbursement cell phone service	Category/ Type 001
Candidate Name LaPolice for Kansans	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: KS District: 01	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	635.18
TOTAL This Period (last page this line number only).....	2067.10

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (Tesoro - gas fundraiser)
Mailing Address 734 Lincoln		
City State Zip Code Clyde KS 66938		

Outstanding Balance Beginning This Period <input type="text" value="73.00"/>	Transaction ID : SD10.4711	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="73.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (Greyhound - fundraiser transportation)
Mailing Address 734 Lincoln		
City State Zip Code Clyde KS 66938		

Outstanding Balance Beginning This Period <input type="text" value="16.50"/>	Transaction ID : SD10.4712	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (fundraiser - transportation/parking)
Mailing Address 734 Lincoln		
City State Zip Code Clyde KS 66938		

Outstanding Balance Beginning This Period <input type="text" value="41.00"/>	Transaction ID : SD10.4713	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="41.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="130.50"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (GoDaddy.com - for website domain)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 14.16	Transaction ID : SD10.4706	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): Baggage Fee (fundraiser travel)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 24.00	Transaction ID : SD10.4707	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (Denny's food/beverage fundraiser)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 28.96	Transaction ID : SD10.4708	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28.96

1) SUBTOTALS This Period This Page (optional)	67.12
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (ITP - office phone)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period <input type="text" value="26.17"/>	Transaction ID : SD10.4709	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26.17"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (Fundraiser fuel)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period <input type="text" value="44.45"/>	Transaction ID : SD10.4710	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="44.45"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (Short stop - fuel)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period <input type="text" value="58.49"/>	Transaction ID : SD10.4718	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="58.49"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="129.11"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (O'Reilly's - oil change)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 28.11	Transaction ID : SD10.4714	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (Amazon - LI Text book)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 3.99	Transaction ID : SD10.4715	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (CVS - toiletries at LI)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 12.00	Transaction ID : SD10.4716	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12.00

1) SUBTOTALS This Period This Page (optional)	44.10
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (metro card LI)
Mailing Address 734 Lincoln		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4717	
<input type="text" value="10.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (ITP- campaign office phone)
Mailing Address 734 Lincoln		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4719	
<input type="text" value="26.17"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="26.17"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (O'Reilly - oil filter)
Mailing Address 734 Lincoln		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4720	
<input type="text" value="16.21"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="16.21"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="52.38"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alan LaPolice

Mailing Address 734 Lincoln

City State Zip Code
Clyde KS 66938

Nature of Debt (Purpose):
AmEx (short stop - fuel)

Outstanding Balance Beginning This Period	Transaction ID : SD10.4722	
50.31		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	50.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alan LaPolice

Mailing Address 734 Lincoln

City State Zip Code
Clyde KS 66938

Nature of Debt (Purpose):
AmEx (Anchor Inn - Hutchinson May Day food/beverage)

Outstanding Balance Beginning This Period	Transaction ID : SD10.4723	
32.68		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	32.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alan LaPolice

Mailing Address 734 Lincoln

City State Zip Code
Clyde KS 66938

Nature of Debt (Purpose):
AmEx (AutoZone - starter campaign truck)

Outstanding Balance Beginning This Period	Transaction ID : SD10.4721	
85.34		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	85.34

1) SUBTOTALS This Period This Page (optional)	168.33
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (Casey's - fuel)
Mailing Address 734 Lincoln		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4724	
<input type="text" value="56.99"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="56.99"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (ITP - campaign phone)
Mailing Address 734 Lincoln		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4725	
<input type="text" value="26.17"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="26.17"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice		Nature of Debt (Purpose): AmEx (Wood oil - fuel garden city trip)
Mailing Address 734 Lincoln		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4726	
<input type="text" value="53.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="53.60"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="136.76"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (KFC - garden city food/beverage)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 23.48	Transaction ID : SD10.4727	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 23.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (samy's - GC dinner w/John Doll)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 27.49	Transaction ID : SD10.4728	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 27.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (GC trip fuel)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period 50.00	Transaction ID : SD10.4729	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) SUBTOTALS This Period This Page (optional)	100.97
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (fuel)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period <input type="text" value="43.78"/>	Transaction ID : SD10.4730	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alan LaPolice	Nature of Debt (Purpose): AmEx (wood oil - fuel)
Mailing Address 734 Lincoln	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period <input type="text" value="54.33"/>	Transaction ID : SD10.4731	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="54.33"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Becky LaPolice Murphy	Nature of Debt (Purpose): WF - fuel
Mailing Address 736 Broadway St.	
City State Zip Code Clyde KS 66938	

Outstanding Balance Beginning This Period <input type="text" value="49.27"/>	Transaction ID : SD10.4955	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="49.27"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="147.38"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Becky LaPolice Murphy		Nature of Debt (Purpose): WF - fuel
Mailing Address 736 Broadway St.		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4954	
<input type="text" value="66.44"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="66.44"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Becky LaPolice Murphy		Nature of Debt (Purpose): WF - media subscription
Mailing Address 736 Broadway St.		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4956	
<input type="text" value="2.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Becky LaPolice Murphy		Nature of Debt (Purpose): WF - fuel
Mailing Address 736 Broadway St.		
City	State	Zip Code
Clyde	KS	66938

Outstanding Balance Beginning This Period	Transaction ID : SD10.4957	
<input type="text" value="49.80"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="49.80"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="118.24"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

LaPolice for Kansans

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Becky LaPolice Murphy		Nature of Debt (Purpose): WF - Short Stop (fuel)
Mailing Address 736 Broadway St.		
City State Zip Code Clyde KS 66938		

Outstanding Balance Beginning This Period <input type="text" value="68.62"/>		Transaction ID : SD10.4958	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="68.62"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="68.62"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1163.51"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1163.51"/>