KANSAS PUBLIC DISCLOSURE COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A PERSON PROMOTING OR OPPOSING A KANSAS CONSTITUTIONAL BALLOT QUESTION

Due Date: February 15, 2026

FILE WITH THE SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Reporting Entity: _____

Address: _____

City, State and Zip Code: _____

B. Summary **(Activity For Calendar Year 2025)**

1. Total Contributions and Other Receipts (Use Schedule A) ..... _____
2. In-Kind Contributions (Use Schedule B) ..... _____
3. Total Expenditures and Other Disbursements (Use Schedule C) ..... _____

C. "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."

D. "I certify that for the period beginning July 1, 2025, _____ has not knowingly accepted contributions or made expenditures for activity promoting or opposing the adoption or repeal of any provision of the Constitution of the State of Kansas either directly or indirectly from a foreign national."

E. "I certify that for the period beginning July 1, 2025, each donor named in this report is not a foreign national and has not knowingly accepted contributions or made expenditures either directly or indirectly from any foreign national that in the aggregate exceed $100,000 within the four-year period immediately preceding the date of such donor's contribution or expenditure."

_____ _____
Date Signature

_____
Printed Name

INSTRUCTIONS

In addition to the instructions set out below, each schedule includes detailed instructions. If you have no items to report on one or more schedules, do not return that particular schedule or schedules. The forms used for each schedule in this report may be duplicated or the information may be itemized on 8 1/2" X 11" computer printouts or any 8 1/2" X 11" paper, providing the information required is in the same format. When duplicating, use one side of paper only. Please type or print. This report is to be filed with the Secretary of State at the following address:

Secretary of State
Docking State Office - 1st floor
915 SW Harrison
Topeka, Kansas 66612

Line 1. See Schedule A for detailed instructions. If you have no contributions or other receipts to report, the number “0" (zero) should be entered on the appropriate line.

Line 2. See Schedule B for detailed instructions. If you have no in-kind contributions to report, the number “0" (zero) should be entered on the appropriate line.

Line 3. See Schedule C for detailed instructions. If you have no expenditures to report, the number “0" (zero) should be entered on the appropriate line.