

[Print this form](#) or [Go Back](#)



**Campaign Finance Receipts  
& Expenditures Report**  
1/10/2025

Kansas Public Disclosure Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
<https://kpdc.kansas.gov/>

Check only if appropriate  **Amended Filing**  **Termination Report**

Campaign Finance Candidate Name: **Heather J Meyer**

Filing Report Address: **PO Box 13346**

Address2:

City: **Overland Park** Zip: **66282-3346** County: **Johnson**

Home Phone: Business Phone: **(913) 735-0304**

Office Sought: **State Representative** District: **29**

**AMENDED**

**SUMMARY (covering the period from 10/25/2024 through 12/31/2024)**

1	<b>CASH ON HAND AT BEGINNING OF PERIOD</b>		<b>\$10,174.04</b>
2	<b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b>	(Schedule A) <a href="#">view/print</a>	<b>\$750.00</b>
3	<b>CASH AVAILABLE THIS PERIOD</b>	(Add Lines 1 and 2)	<b>\$10,924.04</b>
4	<b>TOTAL EXPENDITURES AND OTHER DISBURSEMENTS</b>	(Schedule C) <a href="#">view/print</a>	<b>\$2,000.00</b>
5	<b>CASH ON HAND AT CLOSE OF PERIOD</b>	Subtract Line 4 from 3)	<b>\$8,924.04</b>
6	<b>IN-KIND (NON-MONETARY) CONTRIBUTIONS</b>	(Schedule B) <a href="#">view/print</a>	<b>\$0.00</b>
7	<b>OTHER TRANSACTIONS</b>	(Schedule D) <a href="#">view/print</a>	<b>\$0.00</b>

"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."

Electronically filed on: **7/23/2025 8:40:16 PM**

Signature of Candidate or Treasurer: **Jane Langdon**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

**SCHEDULE A**

**CONTRIBUTIONS AND OTHER RECEIPTS**

Candidate: Heather J Meyer

Date	Name and Address of Contributor	Type of Payment	Occupation of Individual Giving More Than \$150	Amount
		Cash, Check, Loan, E-funds, Other		
10/18/24	Kansas Optometric PAC 632 SW Van Buren St Suite 100 Topeka KS 66603	Check		\$500.00
08/28/24	Kansas Hospital Association 215 SE 8th Ave Topeka KS 66603	Check		\$250.00
<b>Total Itemized Receipts for Period</b>				\$750.00
<b>Total Unitemized Contributions (\$50 or less)</b>				\$0
<b>Sale of Political Materials (Unitemized)</b>				\$0
<b>Total Contributions When Contributor Not Known</b>				\$0
<b>TOTAL RECEIPTS THIS PERIOD</b>				\$750.00

[Print this form](#) or [Go Back](#)