RECEIVED
OCT 26 2026
KS Public Disclosure Commission

KANSAS PUBLIC DISCLOSURE COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

OCTOBER 26, 2026

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

A. Name of Committee: Kansas Advanced Practice Nurses Association

Address: 3429 SW Stonybrook dr. Topeka. 66614

City and Zip Code: Topeka 66614

This is a (check one): _____ Party Committee ✓ Political Committee

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

C. Summary **(covering the period from JULY 24, 2026 through OCTOBER 22, 2026)**

1. Cash on hand at beginning of period	4,406.01
2. Total Contributions and Other Receipts (Use Schedule A)	0
3. Cash available this period (Add Lines 1 and 2)	4,406.01
4. Total Expenditures and Other Disbursements (Use Schedule C)	759.00
5. Cash on hand at close of period (Subtract Line 4 from 3)	3,647.01
6. In-Kind Contributions (Use Schedule B)	0
7. Other Transactions (Use Schedule D)	0

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."

10/24/27
Date

Signature of Treasurer

PDC Form 2026

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

KAPN

(Name of Party Committee or Political Committee)

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							**$0.00**

Complete if last page of Schedule A

Total Itemized Receipts for Period	
Total Unitemized Contributions ($50 or less)	
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	**$0.00**

SCHEDULE B
IN-KIND (Non-Monetary) CONTRIBUTIONS

KAPN

(Name of Party Committee or Political Committee)

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				$0.00

Complete if last page of Schedule B

Total Itemized (over $100) In-Kind Contributions	
Total Unitemized ($100 or less) In-Kind Contributions	
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	$0.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

KAPN
(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure If independent or in-kind expenditure in excess of $300 is made for a candidate, list candidate name & address	Amount
10/21/27	Orpega 4 Kansas PO BOX 6014 KC KS 66106	Melissa Orpega Orpeg 4 Kansas Po Box 6014 KC, KS 66106 chk. donation	$500.00 CK #1033
10/22/27	Amanda 4 All Kansas 66106 7130 W Maple St Ste 230 #143	Amanda Mogi donation chk	$250.00 CK.#1035
8/1/27 9/1/27 10/1/27	Wichita KS 67207 CoreFirst Bank Bee	bank fee $3.00 Aug, Sept, Oct.	9.00
.		.	.
			$759.00
Subtotal This Page			$759.00 ~~$0.00~~

SCHEDULE D
OTHER TRANSACTIONS

KAPN

(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
	Subtotal This Page		$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	