



BOARD CANDIDATE CAMPAIGN FINANCIAL DISCLOSURE FORM

The purpose of the Campaign Financial Disclosure Form is to report to the Cooperative the name, address, contact and dollar value of any individual or entity who a) provides any financial contribution, payment, or in-kind service to or for the benefit of the Board candidate or b) purchases or procures any known advertising for the benefit of the Board candidate.

This form is due to the Cooperative's Human Resource Director ON THE EXACT DATE as follows. Should the date fall on a weekend it shall be submitted on the following Monday.

- At the time of submitting candidate petition.
- April 16, 2026: fifteen (15) days prior to the commencement of the election (the time the members are first allowed to vote electronically or otherwise)
- May 11, 2026: ten (10) days after the election commences, and
- May 26, 2026: the day the online election closes
- Anytime they become aware or should have become aware that they were being supported by a third party.

Any Board candidate campaign finance report received by the Cooperative, or lack thereof, along with the Board candidate's biography, shall be made available to the membership via the Cooperative's communication channels.

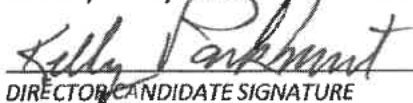
☐ My campaign is entirely self-funded.

☒ I have no campaign contributions to report.

☐ I have the following campaign contributions to report.

	Name of Individual	Name of Entity	Address	Date	Dollar Value of Services Received
1					
2					
3					
4					
5					

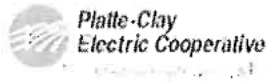
I hereby certify that the information set forth above is true and complete to the best of my knowledge.


DIRECTOR/CANDIDATE SIGNATURE

5/11/26
DATE

To submit your candidate financial disclosure form, please e-mail the completed form on the specific due date to Human Resources Director, Angie Kinard at campaign.finance@pcec.coop

If you have any questions regarding your candidate financial disclosure form, please contact Angie Kinard at 816-903-7302 or angiek@pcec.coop.



Board Candidate Campaign Spending Disclosure Report

Purpose:

Each candidate shall disclose to the Cooperative, in the manner required by the Cooperative, how campaign contributions were spent or used. This disclosure form ensures transparency and accountability in campaign financing.

Section 1: Candidate Information

- Candidate Name: Kelly Parkhurst
- Mailing Address: [REDACTED]
- Phone Number: [REDACTED]
- Email Address: [REDACTED]

Section 2: Campaign Contribution Statement

☒ I did not accept any campaign contributions.

(If this box is checked, no further financial disclosure is required beyond this section. Please sign and date the certification section below.)

☐ I accepted campaign contributions and have completed the spending disclosure sections that follow.

Section 3: Campaign Contribution Accounts

- Name of Financial Institution(s): N/A
- Account Number(s) (last 4 digits only): _____
- Total Contributions Deposited: \$ _____
- Interest Earned: \$ _____
- Interest Spent: \$ _____

Section 4: Summary of Expenditures

Please provide a general description of how contributions were spent. Attach additional pages if necessary.

a) Purchases for Campaign Materials/Activities

(e.g., brochures, signs, posters, staff salary, radio/online ads, website, etc.)

- Description: _____
- Total Amount: \$ _____

b) Payments to Businesses with Candidate/Relative Financial Interest

- Name of Business: _____
- Relationship: _____
- Description of Services/Goods: _____
- Total Amount: \$ _____

c) Expenditures to Support Other Candidates

- Name of Candidate Supported: _____
- Description: _____
- Total Amount: \$ _____

d) Assets and Investments Purchased

- Description: _____
- Total Amount: \$ _____

e) Other Expenditures (if applicable)

- Description: _____
- Total Amount: \$ _____

Section 5: Certification

I certify that the above information is true, complete, and accurate to the best of my knowledge. I understand this report will be shared with the Cooperative membership as required.

Candidate Signature: _____

Date: 5/11/26

For Cooperative Use Only

- Form Received By: _____
- Date Received: ____ / ____ / ____
- Reviewed By: _____