KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIVED RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE	
$\frac{122009}{12009}$ January 10, 2009	
HON THORNBURGH FILE WITH SECRETARY OF STATE SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS	
A. Name of Committee: Kansas Occupational Therapy Association Political Action	Committe
Address: 825 S. Kansas Avenue, Suite 500	
City and Zip Code: Topeka 66612	
This is a (check one): Party Committee Political Committee	
B. Check only if appropriate: Amended Filing Termination Report	
C. Summary (covering the period from October 24, 2008 through December 31, 2008)	0.00
Cash on hand at beginning of period	115.74
Total Contributions and Other Receipts (Use Schedule A)	115.74
4. Total Expenditures and Other Disbursements (Use Schedule C)	20.00
5. Cash on hand at close of period (Subtract Line 4 from 3)	95.74
6. In-Kind Contributions (Use Schedule B)	-
of hi tand conditions (our seneral B)	
7. Other Transactions (Use Schedule D)	
7. Other Transactions (Use Schedule D)	
7. Other Transactions (Use Schedule D)	he intentional

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Kansas Occuptional Therapy Association Political Action Committee

(Name of Party Committee or Political Committee)

	Name and Address	Occupation & Industry of Individual Giving More	Check Appropriate Box				Amount of Cash, Check,
Date	of Contributor	Than \$150	Cash	Check	Loan	Other	Loan or Other Receipt
	Subtotal This Page						\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$0.00
Total Unitemized Contributions (\$50 or less)	\$115.74
Sale of Political Materials (Unitemized)	\$0.00
Total Contributions When Contributor Not Known	\$0.00
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$115.74

Page	of
rage	01_

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Occupational Therapy Association Political Action Committee

(Name of Party Committee or Political Committee)

	N	Purpose of Expenditure	Amount
Date	Name and Address	List candidate name & address if independent or in-kind expenditure in excess of \$300	
			-
			
	Subtotal This Page		\$0.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$0.00
Total Unitemized Expenditures of \$50 or less	\$20.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$20.00

Page of

