

**KANSAS GOVERNMENTAL ETHICS COMMISSION**

**RECEIPTS AND EXPENDITURES REPORT  
OF A POLITICAL OR PARTY COMMITTEE**

**RECEIVED**

**July 26, 2010**

**FILE WITH SECRETARY OF STATE** JUL 26 2010  
**SEE REVERSE SIDE FOR INSTRUCTIONS** Kansas Governmental Ethics Commission

A. Name of Committee: Kansas Occupational Therapy Association Political Action Committee  
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 January 1, 2010 through July 22, 2010)

|  |                 |
|--|-----------------|
| 1. Cash on hand at beginning of period .....                         | <u>1,340.66</u> |
| 2. Total Contributions and Other Receipts (Use Schedule A) .....     | <u>0.00</u>     |
| 3. Cash available this period (Add Lines 1 and 2) .....              | <u>1,340.66</u> |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) ..... | <u>35.00</u>    |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) .....    | <u>1,305.66</u> |
| 6. In-Kind Contributions (Use Schedule B) .....                      | <u>0.00</u>     |
| 7. Other Transactions (Use Schedule D) .....                         | <u>0.00</u>     |

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."

July 23, 2010  
Date

[Signature]  
Signature of Treasurer

**SCHEDULE C  
EXPENDITURES AND OTHER DISBURSEMENTS**

Kansas Occupational Therapy Association Political Action Committee

(Name of Party Committee or Political Committee)

| Date                      | Name and Address<br>To Whom Expenditure is Made | Purpose of Expenditure | Amount |
|---------------------------|---|------------------------|--------|
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
|                           |   |                        |        |
| <b>Subtotal This Page</b> |   |                        | \$0.00 |

Complete if last page of Schedule C

|  |                |
|--|----------------|
| Total Itemized Expenditures This Period  |                |
| Total Unitemized Expenditures of \$50 or less  | \$35.00        |
| <b>TOTAL EXPENDITURES &amp; OTHER DISBURSEMENTS<br/>THIS PERIOD (to line 4 of Summary)</b> | <b>\$35.00</b> |