

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT
OF A POLITICAL OR PARTY COMMITTEE

January 10, 2015

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

RECEIVED

JAN 07 2015

KS Governmental Ethics Commission

A. Name of Committee: Kansas Physical Therapy Association PAC
Address: c/o 5845 SW 29th Street
City and Zip Code: Topeka, KS 66614-2462
This is a (check one): ☐ Party Committee ☒ Political Committee

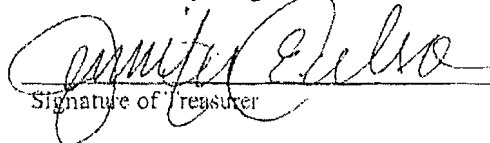
B. Check only if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from October 24, 2014 through December 31, 2014)

1. Cash on hand at beginning of period	1225.24
2. Total Contributions and Other Receipts (Use Schedule A)	440.00
3. Cash available this period (Add Lines 1 and 2)	1665.24
4. Total Expenditures and Other Disbursements (Use Schedule C)	0.00
5. Cash on hand at close of period (Subtract Line 4 from 3)	1665.24
6. In-Kind Contributions (Use Schedule B)	0.00
7. Other Transactions (Use Schedule D)	0.00

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."

1-6-15
Date


Signature of Treasurer

**SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS**

Kansas Physical Therapy Association PAC
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	E funds Other	
12/02/14	Proceeds from raffle from annual meeting (as per Carol Williams)			✓			\$440.00
Subtotal This Page							\$440.00

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

Kansas Physical Therapy Association PAC
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	List Occupation & Industry 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

Kansas Physical Therapy Association PAC
(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
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	\$0.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$0.00

**SCHEDULE D
OTHER TRANSACTIONS**

Kansas Physical Therapy Association PAC
(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)	
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