KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIVED

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

JAN 1 0 2017

January 10, 2017

KS Governmental Ethics Commission

GEC Form Rev, 2016

FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Committee:	Kansas Phys	sical Therapy A	sociation	PAC		
	Address: 5845 SW	29th Street					
		Topeka 6614					
			Party Committee		Political Committee	e	
В.	Check only if appropri	ate:	Amended Filing		Termination Report	t.	
C.	Summary (covering th	e period from	October 28, 2016	through D	ecember 31, 2016)		
	1. Cash on hand at beg	•				2589.45	
	2. Total Contributions					970.00	
	3. Cash available this					3559.45	
	4. Total Expenditures					36.30	
	5. Cash on hand at clos			•	_	3523.15	
	6. In-Kind Contribution			0.00			
	7. Other Transactions			0.00			
	,		_A e				
D. Date	failure to file this docu $-10-17$	nowledge and b	elief is true, corre	ct and comp	statements, has been explete. I understand that is a class A misdemean	the intentional	

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Kansas Physical Therapy Association PAC

(Name of Party Committee or Political Committee)

	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check,
Date			Cash	Cheek	Loan	E funds Other	Loan or Other Receipt
10/15/16	John Leslie Donated to PayPal 10/15/16 deposited to PAC acct 12/16	Physical therapist				~	\$120.00
10/27/16	Susie Harms Donated to PayPal 10/27/16 deposited to PAC acct 12/16	Physical therapist				V	\$100.00
		2					
		-					:
	Subtotal This Page		the Table				\$220.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$220.00
Total Unitemized Contributions (\$50 or less)	\$750.00
Sale of Political Materials (Unitemized)	
Total Contributions When Contributor Not Known	
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$970.00

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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	ŧ
			1
			:
- 14 E		The state of the s	\$0.
	Subfotal This Page		\$0

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$0.00
Total Unitemized Expenditures of \$50 or less	\$36.30
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$36.30

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