KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

January 10, 2019

9 2019 FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

RECEIVED

| AS Name of Committee: Kansas Occupational Therapy Association PAC | | |
|--|----------|--|
| Address: 825 S. Kansas Ave, Suite 500 | | |
| City and Zip Code: Topeka, KS 66612 | | |
| This is a (check one): Party Committee Political Committee | ee | |
| B. Check only if appropriate: Amended Filing Termination Repo | ort | |
| C. Summary (covering the period from October 26, 2018 through December 31, 2018) | | |
| 1. Cash on hand at beginning of period | 7,669.25 | |
| 2. Total Contributions and Other Receipts (Use Schedule A) | | |
| 3. Cash available this period (Add Lines 1 and 2) | | |
| 4. Total Expenditures and Other Disbursements (Use Schedule C) | | |
| 5. Cash on hand at close of period (Subtract Line 4 from 3) | | |
| 6. In-Kind Contributions (Use Schedule B) | | |
| 7. Other Transactions (Use Schedule D) | | |
| | | |
| 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." | | |
| Date 1/7/2018 Signature of Treasurer | | |

SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

| Kansas | Occupational | Therapy | Association | PAC |
|-----------|--------------|----------|----------------|--------|
| i (dilodo | Occupational | IIIOIUDY | 1 100000101011 | 1 , 10 |

(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 | |
| 10/31/18 | Intrust Bank 1035 SW Topeka Topeka KS 66612 | credit card fees | \$159.99 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Subtotal This Page | | \$159.99 |

Complete if last page of Schedule C

| Total Itemized Expenditures This Period | \$159.99 | |
|---|----------------------|--|
| Total Unitemized Expenditures of \$50 or less | \$0.00 | |
| TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary) | SBURSEMENTS \$159.00 | |

| Page | of |
|------|----|
| | |