

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

ADDRESS (number and street)

4720 Montgomery Lane, Suite 200

Check if different  
than previously  
reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00089086

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



Convention (12C)



General (12G)



Special (12S)



Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Metzler, Christina A., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Metzler, Christina A., , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">65952.56</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">82903.21</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">27740.00</span>	<span style="border: 1px solid black; padding: 2px;">79603.11</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">110643.21</span>	<span style="border: 1px solid black; padding: 2px;">145555.67</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">12286.70</span>	<span style="border: 1px solid black; padding: 2px;">47199.16</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">98356.51</span>	<span style="border: 1px solid black; padding: 2px;">98356.51</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017

To:

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2017

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11349.61

26395.61

(ii) Unitemized .....

16372.81

53147.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

27722.42

79543.60

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

27722.42

79543.60

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

17.58

59.51

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

27740.00

79603.11

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

27740.00

79603.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	286.70	1199.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	286.70	1199.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	46000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12286.70	47199.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12286.70	47199.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27722.42	79543.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27722.42	79543.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	286.70	1199.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	286.70	1199.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gainer, Frank, E, ,

Mailing Address 1447 Corcoran St Nw

City  
Washington

State  
DC

Zip Code  
20009-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Occupational Therapy Assoc.

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : 75309785

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Adams, Elaine, Craddy, ,

Mailing Address 12 Cartier Rd

City  
Enfield

State  
CT

Zip Code  
06082-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genesis Rehab Svcs

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : 75309794

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Koverman, Brenda, Lee, ,

Mailing Address 330 W Diversey Pkwy Apt 1503

City  
Chicago

State  
IL

Zip Code  
60657-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rush University

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : 75309798

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1265.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shotwell, Mary, Patricia, ,**

Mailing Address 3463 Crown Dr

City  
GainesvilleState  
GAZip Code  
30506-1407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brenau University

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.53

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	01	2017

**Transaction ID : 75309825**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marshall, Lisa, M, ,**

Mailing Address 26 Wesley Dr

City  
HockessinState  
DEZip Code  
19707-9624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DBA Specialty Rehab Inc.Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	01	2017

**Transaction ID : 75309826**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davidson, Leslie, Freeman, DR,**

Mailing Address 9001 Jackson Ln

City  
Great FallsState  
VAZip Code  
22066-2710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shenandoah Univ.Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	01	2017

**Transaction ID : 75309828**

Amount of Each Receipt this Period

365.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1065.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barnes, Karin, J, ,

Mailing Address 6318 Welles Glenn Cir

City  
San Antonio

State  
TX

Zip Code  
78240-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ of Texas HSC at San Antonio

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : 75309837

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Metzler, Christina, A, ,

Mailing Address 2153 California St. NW, Apt 405

City  
Washington

State  
DC

Zip Code  
20008-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Occupational Therapy Associat

Occupation (for Individual)  
Chief Public Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : 75311562

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lin, Susan, H, ,

Mailing Address 35443 Sourwood Pl

City  
Round Hill

State  
VA

Zip Code  
20141-2576

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MGH IHP

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : 75311564

Amount of Each Receipt this Period

730.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1730.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, David, Dennis, ,

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2017

Transaction ID : 75316944

Amount of Each Receipt this Period

60.87

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson-Brown, Rebecca, Ann, ,

Mailing Address 6113 Chinaberry Dr

City

Columbus

State

OH

Zip Code

43213-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DBA Robinson-Brown and Associates

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2017

Transaction ID : 75316945

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Layman, Darnell, ,

Mailing Address 5206 Citation Ave

City

Edinburg

State

TX

Zip Code

78539-9662

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Texas College

Occupation (for Individual)

Occupational Therapy Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

121.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2017

Transaction ID : 75316952

Amount of Each Receipt this Period

30.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Monica, Lee, ,**

Mailing Address 453 W 10th Ave

City  
Columbus

State  
OH

Zip Code  
43210-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio State University

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2017

**Transaction ID : 75316955**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Piazza, Rebecca, Ann, ,**

Mailing Address 12014 Nw 136th St

City  
Alachua

State  
FL

Zip Code  
32615-6549

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UF Health Shands Rehab Hospital

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2017

**Transaction ID : 75316956**

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Dow-Royer, Dr. Cathy, Ann, ,**

Mailing Address 26 Monson Rd

City  
Wilbraham

State  
MA

Zip Code  
01095-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Intl College

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : 75316981**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

410.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jaffe, Lynn, Elin, DR,

Mailing Address 22061 W Tree Dr

City  
Estero

State  
FL

Zip Code  
33928-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Florida Gulf Coast Univ.

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

Transaction ID : 75316984

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jacobs, Karen, , ,

Mailing Address 33 Harry Agganis Way  
Apartment 2302

City  
Boston

State  
MA

Zip Code  
02215-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boston University

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

Transaction ID : 75316989

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moore, Jennifer, Ann, ,

Mailing Address 1195 Westcliffe Drive

City  
Little Rock

State  
AR

Zip Code  
72210-4784

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ of Central Arkansas

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

241.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

Transaction ID : 75316991

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1515.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burkhardt, Ann, , ,**

Mailing Address 132 Hope St

City  
Bristol

State  
RI

Zip Code  
02809-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Drake University

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : 75316994**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Solomon, Amy, Hahn, ,**

Mailing Address 9568 La Quinta Dr

City  
Lone Tree

State  
CO

Zip Code  
80124-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pima Medical Institute

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : 75317000**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Arvin, Mary Kay, W, ,**

Mailing Address 5430 Crystal Lake Dr Apt 3b

City  
Evansville

State  
IN

Zip Code  
47715-5043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ. of Southern Indiana

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : 75317002**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

565.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chisholm, Denise, , ,**

Mailing Address 1603 Heritage Dr

City  
Pittsburgh

State  
PA

Zip Code  
15237-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ of Pittsburgh, Dept of OT

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

**Transaction ID : 75317013**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Layman, Darnell, ,**

Mailing Address 5206 Citation Ave

City  
Edinburg

State  
TX

Zip Code  
78539-9662

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Texas College

Occupation (for Individual)  
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

**Transaction ID : 75317022**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nelson, Peggy, Lynn, ,**

Mailing Address 1557 Point Kirby Ave

City  
Las Vegas

State  
NV

Zip Code  
89123-0313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marianjoy Rehabilitation Hospital

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

**Transaction ID : 75317031**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1665.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moser, Christine, Szczech, ,**

Mailing Address 1035 W Fairfield Ct

City  
GlendaleState  
WIZip Code  
53217-4139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concordia Univ WisconsinOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

**Transaction ID : 75317044**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dargatz, Rachel, K., DR,**

Mailing Address 2123 Sunview Dr

City  
ChampaignState  
ILZip Code  
61821-7408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carle Foundation HospitalOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

**Transaction ID : 75317052**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fecht, Ashley, , ,**

Mailing Address 7168 Mirkwood Ave

City  
Las VegasState  
NVZip Code  
89178-8812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Touro UniversityOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

**Transaction ID : 75317055**

Amount of Each Receipt this Period

365.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1230.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Randall, Yvonne, Michelle, ,

Mailing Address 6576 Appletree Cir

City  
Las Vegas

State  
NV

Zip Code  
89103-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Touro University Nevada

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : 75317072

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bell, Esther, Bernice, ,

Mailing Address 203 McClure St

City  
Gonzales

State  
TX

Zip Code  
78629-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : 75317078

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robinson, Laura, Elizabeth, MRS,

Mailing Address Po Box 87

City  
New Era

State  
MI

Zip Code  
49446-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heartland Health Care Center of Ann Ar

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 02 / 2017

Transaction ID : 75317090

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

181.25

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Somers, Fred, , ,

Mailing Address 1104 Constitution Ave., NE

City  
Washington

State  
DC

Zip Code  
20002-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Occupational Therapy Assoc.

Occupation (for Individual)  
ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : 75341246

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weissberg, Kathleen, D, DR,

Mailing Address 115 Beaufort Lane

City  
Milford

State  
DE

Zip Code  
19963-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Endura Care Therapy Mgmt

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : 75388234

Amount of Each Receipt this Period

60.87

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shotwell, Mary, Patricia, ,

Mailing Address 3463 Crown Dr

City  
Gainesville

State  
GA

Zip Code  
30506-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brenau University

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

912.53

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2017

Transaction ID : 75388242

Amount of Each Receipt this Period

330.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

640.87

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montgomery, Sheri, , ,**

Mailing Address 8 Clermont Ct

City  
Palm CoastState  
FLZip Code  
32137-8926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of St. AugustineOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	18	2017

**Transaction ID : 75388244**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duddy, Karen, Janine, ,**

Mailing Address 3329 E Colorado St

City  
Long BeachState  
CAZip Code  
90814-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vet. Admin. Long Beach & Beverly ManorOccupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	16	2017

**Transaction ID : 75388247**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berthelette, Michael, Thomas, ,**

Mailing Address 4311 S Cameron Ave

City  
TampaState  
FLZip Code  
33611-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BMR Health Services, Inc.Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	22	2017

**Transaction ID : 75388250**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Jennifer, Ann, ,

Mailing Address 1195 Westcliffe Drive

City  
Little Rock

State  
AR

Zip Code  
72210-4784

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ of Central Arkansas

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2017

Transaction ID : 75388255

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Braveman, Brent, Howard, ,

Mailing Address 1 Hermann Park Ct Apt 432

City  
Houston

State  
TX

Zip Code  
77021-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
M.D. Anderson Cancer Center

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2017

Transaction ID : 75388257

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bryze, Kimberly, , ,

Mailing Address 4001 Elm St

City  
Downers Grove

State  
IL

Zip Code  
60515-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Midwestern Univ

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : 75388258

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robosan-Burt, Susan, Elizabeth, ,

Mailing Address 33 Santa Maria Dr

City  
Hilton Head Island

State  
SC

Zip Code  
29926-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Total Enhancement

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2017

Transaction ID : 75451705

Amount of Each Receipt this Period

22.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brady, Catherine, Patricia, ,

Mailing Address 24409 S Meadowood Rd

City  
Crete

State  
IL

Zip Code  
60417-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Governors State University

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2017

Transaction ID : 75451708

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Argabrite Grove, Rebecca, E, ,

Mailing Address 41718 Browns Farm Ln

City  
Leesburg

State  
VA

Zip Code  
20176-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Occupational Therapy Associat

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : 75451713

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

102.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eberhardt, Kathryn, Melin, ,**

Mailing Address 142 North Rebecca Street

City  
Glenwood

State  
IL

Zip Code  
60425-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Suburban College

Occupation (for Individual)  
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2017

Transaction ID : 75451717

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sonnier, Dawn, Albarado, ,**

Mailing Address Po Box 317

City  
Watson

State  
LA

Zip Code  
70786-0317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DHH NORTHLAKE SUPPORTS AND SERVICES CE

Occupation (for Individual)  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : 75451719

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121.66

11349.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		1	7		2017					

Mailing Address PO Box 4418, Mail Code 1948

City  
AtlantaState  
GAZip Code  
30302Purpose of Disbursement  
Bank Fees on Checking Account

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : 75338305**

Amount of Each Disbursement this Period

286.70

Bank Fees on Checking Account

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

286.70

286.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Diana Degette For Congress**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		26		2017

Mailing Address P.O. Box 61337

City  
DenverState  
COZip Code  
80206Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**DeGette, Diana, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

FEC Identification Number

C C00311639

**Transaction ID : 75396963**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Byrne For Congress**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		26		2017

Mailing Address PO Box 2743

City  
MobileState  
ALZip Code  
36652Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Byrne, Bradley, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 01

FEC Identification Number

C C00545673

**Transaction ID : 75396964**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Heller For Senate**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		26		2017

Mailing Address PO Box 371907

City  
Las VegasState  
NVZip Code  
89137Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Heller, Dean, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District:

FEC Identification Number

C C00494229

**Transaction ID : 75396965**

Amount of Each Disbursement this Period

1500.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

	21b		22	<b>X</b>	23		26		27
	28a		28b		28c		29		30b

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '04' with two squares above it. The second display shows '26' with two squares above it. The third display shows '2017' with four squares above it.

C C00500421

1000.00

C C00450049

2500.00

C C00213512

2500.00

Memo Item

6000.00

— 10 —

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City  
SpokaneState  
WAZip Code  
99210Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	7		

FEC Identification Number

C C00390476

**Transaction ID : 75396969**

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

12000.00