

**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

PO Box 31220

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20824-1220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00089086

3. IS THIS
REPORT☒NEW
(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

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2012

through

M M M / D D D / Y Y Y Y Y Y
02 29 2012

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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
02 01 2012 To: M M / D D / Y Y Y Y Y Y
02 29 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		60190.34
(b) Cash on Hand at Beginning of Reporting Period.....	60286.56	
(c) Total Receipts (from Line 19)	13806.73	29246.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74093.29	89436.82
7. Total Disbursements (from Line 31)	24907.60	40251.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49185.69	49185.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ 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. 06/2004)

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
02 01 2012

To:

M M / D D / Y Y Y Y Y Y
02 29 2012

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).....

2310.42

8767.84

(ii) Unitemized

11490.01

20464.40

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13800.43

29232.24

(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)

13800.43

29232.24

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.).....

6.30

14.24

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))..... ▶

13806.73

29246.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13806.73

29246.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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	332.60	676.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	332.60	676.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	39500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	75.00	75.00
(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)).....	75.00	75.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	24907.60	40251.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24907.60	40251.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13800.43	29232.24
34. Total Contribution Refunds (from Line 28(d))	75.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13725.43	29157.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	332.60	676.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	332.60	676.13

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 13
(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 (Last, First, Middle Initial)

A. Anne Frances Cronin

Mailing Address 970 Stewart St

City

Morgantown

State

WV

Zip Code

26505-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2012

Transaction ID : 44387600

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Pamela Ellen Toto

Mailing Address 7008 Lyons View Ct

City

Murrysville

State

PA

Zip Code

15668-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.84

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2012

Transaction ID : 44387731

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Donna D Hopkins

Mailing Address 306 W Harvey St

City

McAllen

State

TX

Zip Code

78501-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer

LI Hallmark Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2012

Transaction ID : 44429805

Amount of Each Receipt this Period

1000.00

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

1330.42

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 13
(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 (Last, First, Middle Initial)

A. Lisa A Jackson

Mailing Address 1468 Williams Cove Rd

City

Winchester

State

TN

Zip Code

37398-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amedisys Home Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : 44429817

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sue Ellen Allegar

Mailing Address 2257 N Loop 336 W

City

Conroe

State

TX

Zip Code

77304-3566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : 44429834

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Joan Willings Krispyn

Mailing Address 1416 Hephzibah Mcbean Rd

City

Hephzibah

State

GA

Zip Code

30815-4326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : 44429844

Amount of Each Receipt this Period

365.00

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

980.00

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 8 OF 13
(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 (Last, First, Middle Initial)

A. Catherine Verrier Piersol

Mailing Address 611 Cambridge Road

City

Bala Cynwyd

State

PA

Zip Code

19004-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2012

Transaction ID : 44618706

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$75.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

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

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

0.00

2310.42

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

PAGE 9 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		2	1		2	0	1	2		

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

Transaction ID : 44568660

Purpose of Disbursement
bank fees on checking account

001

Amount of Each Disbursement this Period

Candidate Name

332.60

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

bank fees on checking account

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

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

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

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

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

332.60

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

332.60

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 44182619Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles W. Boustany Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

campaign contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Loretta Sanchez

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address P.O. Box 6037

City	State	Zip Code
Santa Ana	CA	92706

Transaction ID : 44182620Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Loretta SanchezCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 47

campaign contribution

Full Name (Last, First, Middle Initial)

C. Feinstein For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address 1801 Avenue Of The Stars Suite 829

City	State	Zip Code
Los Angeles	CA	90067

Transaction ID : 44182621Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Dianne FeinsteinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

campaign contribution

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

4000.00

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 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. Democratic Senatorial Campaign Committee (DSCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address 120 Maryland Avenue, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
campaign contribution

011

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Transaction ID : 44182696

Amount of Each Disbursement this Period

5000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Lee Terry For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement
campaign contribution

011

Candidate Name

Category/
Type

Rep. Lee Terry

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:	2012	☒ Primary	☐ General
		☐ Other (specify) ▼	

State: NE District: 02

Transaction ID : 44182749

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee (DCCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address 430 South Capitol St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
campaign contribution

011

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Transaction ID : 44182750

Amount of Each Disbursement this Period

5000.00

campaign contribution

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

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

11000.00

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 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. National Republican Congressional Committee (NRCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address 320 1st St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
campaign contribution

011

Candidate Name

Transaction ID : 44182752

Amount of Each Disbursement this Period

5000.00

campaign contribution

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Latham For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address PO Box 8237

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Thomas P. Latham**Transaction ID : 44182753**

Amount of Each Disbursement this Period

2000.00

campaign contribution

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:	2012	☒ Primary	☐ General
		☐ Other (specify) ▼	

State: IA District: 04

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Mailing Address 5915 Eastman Avenue
Suite 100

City	State	Zip Code
Midland	MI	48640

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. David Lee Camp**Transaction ID : 44182764**

Amount of Each Disbursement this Period

1000.00

campaign contribution

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:	2012	☒ Primary	☐ General
		☐ Other (specify) ▼	

State: MI District: 04

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

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

PAGE 13 OF 13

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 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. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City	State	Zip Code
Lexington	KY	40508

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Benjamin Chandler

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : 44182777

Amount of Each Disbursement this Period

500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City	State	Zip Code
Lumberton	NC	28359

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Mike McIntyre

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : 44182778

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1500.00

24500.00
