

**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 (AOTPA)

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 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 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.

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 Y Y

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
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		69183.39
(b) Cash on Hand at Beginning of Reporting Period.....	80625.73	
(c) Total Receipts (from Line 19)	14262.05	108139.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	94887.78	177323.15
7. Total Disbursements (from Line 31)	17244.50	99679.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77643.28	77643.28
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
 08 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 08 / 31 / 2015
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).....

7706.55

37251.74

(ii) Unitemized

6538.57

70767.96

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14245.12

108019.70

(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)

14245.12

108019.70

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.).....

16.93

120.06

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))..... ▶

14262.05

108139.76

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

14262.05

108139.76

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	244.50	2053.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	244.50	2053.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	97500.00
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	0.00	126.00
(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	126.00
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)) ..	17244.50	99679.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17244.50	99679.87

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)	14245.12	108019.70
34. Total Contribution Refunds (from Line 28(d))	0.00	126.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14245.12	107893.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	244.50	2053.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	244.50	2053.87

: 97 'A -G79 @G B9CI G'H9LH'F9 @H98 'HC '5 'F9DCFHŽG7 <98I @ 'CF 'H9A -N5 HCB
.

Form/Schedule: F3XA

Transaction ID :

Amendment to Monthly Report Due 9/20/2015. A contribution was incorrectly reported as going to Rep. Yvette Clarke, when in fact that contribution went to Rep. Katherine Clark. This amendment corrects the data entry error for that contribution. Rep. Katherine Clark's campaign confirmed that they actually received and deposited the funds.

Form/Schedule:

Transaction ID:

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 42
 (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 (Last, First, Middle Initial)

A. Rebecca Austill-Clausen

Mailing Address 100 John Robert Thomas Dr

 City State Zip Code
 Exton PA 19341-2652

FEC ID number of contributing federal political committee.

C

 Name of Employer
 DBA Austill's Rehab. Svc.

 Occupation
 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
 08 03 2015

Transaction ID : 67109826

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. MR Bobby Walsh

Mailing Address 115 S Regester St

 City State Zip Code
 Baltimore MD 21231-1824

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 ▼

243.32

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 09 2015

Transaction ID : 67125274

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Sandra Hoskins

Mailing Address 1613 Kirkby Ln

 City State Zip Code
 Raleigh NC 27614-7228

FEC ID number of contributing federal political committee.

C

 Name of Employer
 DBA/ Legacy Health Care Services

 Occupation
 Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 07 2015

Transaction ID : 67125276

Amount of Each Receipt this Period

500.00

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

895.38

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 8 OF 42
(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 (Last, First, Middle Initial)

A. Julie Renee Kalahar

Mailing Address 320 26th St Nw

City

Watertown

State

SD

Zip Code

57201-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : 67125277

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. David Dennis Clark

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

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	5

Transaction ID : 67125278

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Janis Elizabeth Battan

Mailing Address 3193 Allen Road

City

Elk

State

WA

Zip Code

99009-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Washington Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Transaction ID : 67125279

Amount of Each Receipt this Period

30.42

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

91.26

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 42

(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. Janice Diane Hinds

Mailing Address 2467 S Lincoln St

City

Denver

State

CO

Zip Code

80210-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : 67125280

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Trina Lea Schulz

Mailing Address 4915 Noble St

City

Shawnee

State

KS

Zip Code

66226-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Kansas Hospital

Occupation

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
08 / 02 / 2015

Transaction ID : 67125281

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Brent Howard Braveman

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

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : 67125282

Amount of Each Receipt this Period

30.42

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

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

91.26

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

PAGE 10 OF 42

<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 (Last, First, Middle Initial)

A. Dianne Franklin Simons

Mailing Address 3009 Huntwick Ct

City

Richmond

State

VA

Zip Code

23233-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : 67125283

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. LaDessa Forrest

Mailing Address 10207 W Yosemite Dr

City

Wichita

State

KS

Zip Code

67215-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aegis Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2015

Transaction ID : 67125284

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Denise Marie Miller

Mailing Address 12 Faircliff Ct

City

Glendale

State

CA

Zip Code

91206-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAMC Therapy and Wellness Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2015

Transaction ID : 67125286

Amount of Each Receipt this Period

30.42

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

91.26

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 11 OF 42
(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 (Last, First, Middle Initial)

A. Amy Hahn Solomon

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

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2015

Transaction ID : 67125292

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Lori Vaughn

Mailing Address 175 Granville Rd

City

Southwick

State

MA

Zip Code

01077-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Path College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 67125295

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Ivelisse Lazzarini

Mailing Address 5731 Thompson Rd

City

Syracuse

State

NY

Zip Code

13214-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lemoyne College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2015

Transaction ID : 67125297

Amount of Each Receipt this Period

30.42

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

91.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 12 OF 42
 (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. Neil Harverson

Mailing Address 56 Ridge Rd

City

New Milford

State

CT

Zip Code

06776-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Occupational Therapy Associat

Occupation

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
 08 / 09 / 2015

Transaction ID : 67125298

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dahlia C Castillo

Mailing Address 6960 Bruce Bissonette Dr

City

El Paso

State

TX

Zip Code

79912-8516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : 67125299

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

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
 08 / 09 / 2015

Transaction ID : 67125300

Amount of Each Receipt this Period

30.42

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

102.84

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:
(check only one)

PAGE 13 OF 42

<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 (Last, First, Middle Initial)

A. Margo A Kreger

Mailing Address 5407 Carey Dr

City

Cedar Falls

State

IA

Zip Code

50613-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allen College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2015

Transaction ID : 67125301

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Patrick James Bloom

Mailing Address 410 Elm Tree Lane

City

Vernon Hills

State

IL

Zip Code

60061-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sundance Rehab Corp

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2015

Transaction ID : 67125302

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Stephen B Kern

Mailing Address 1023 Kimball St

City

Philadelphia

State

PA

Zip Code

19147-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2015

Transaction ID : 67125303

Amount of Each Receipt this Period

30.42

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

91.26

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:
(check only one)

PAGE 14 OF 42

<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 (Last, First, Middle Initial)

A. Michelle Rae Parolise

Mailing Address 6822 Loyola Dr

City

Huntington Beach

State

CA

Zip Code

92647-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Ana College

Occupation

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
0	8		0	9		2	0	1	5		

Transaction ID : 67125304

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Monica Lee Robinson

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

Ohio State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	9		2	0	1	5		

Transaction ID : 67125305

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Cynthia A Robinson

Mailing Address 1200 N Stonewall Ave

City

Oklahoma City

State

OK

Zip Code

73117-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Oklahoma Health Sciences Cente

Occupation

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
0	8		0	8		2	0	1	5		

Transaction ID : 67125306

Amount of Each Receipt this Period

30.42

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

160.84

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

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

FOR LINE NUMBER: PAGE 15 OF 42

(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. Patricia E Fingerhut

Mailing Address 2201 Twin Oaks Blvd

City State Zip Code
Kemah TX 77565-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Univ of TX Med Branch Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 09 2015

Transaction ID : 67125307

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Rebecca Ann Piazza

Mailing Address 5110 Nw 30th Ln

City State Zip Code
Gainesville FL 32606-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
UF Health Shands Rehab Hospital Student

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
08 09 2015

Transaction ID : 67125308

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS Kim Ann Mahoney

Mailing Address 1210 Puritan Ave

City State Zip Code
Bronx NY 10461-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Top Health 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
08 09 2015

Transaction ID : 67125310

Amount of Each Receipt this Period

30.42

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

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

110.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 42
(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 (Last, First, Middle Initial)

A. MRS Laura Elizabeth Robinson

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

Heartland Health Care Center of Ann Ar

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

364.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2015

Transaction ID : 67125311

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. MS Sara Marie Androya

Mailing Address 50634 Jefferson Apt # 219

City

New Baltimore

State

MI

Zip Code

48047-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lapeer County Intermediate School Dist

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

248.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2015

Transaction ID : 67125312

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Jennifer Lee Mclaughlin

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer

PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : 67125313

Amount of Each Receipt this Period

45.00

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

105.84

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 17 OF 42

(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. Christine Lynn Kroll

Mailing Address 1528 Chase Blvd

City

Greenwood

State

IN

Zip Code

46142-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2015

Transaction ID : 67125314

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Kelly Landry Alig

Mailing Address 1900 Gravier St

City

New Orleans

State

LA

Zip Code

70112-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisiana State University HSC New Orl

Occupation

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
08 / 07 / 2015

Transaction ID : 67125315

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Elizabeth Ann Kelso

Mailing Address 32 Whitworth Blvd

City

Nashville

State

TN

Zip Code

37205-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

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
08 / 06 / 2015

Transaction ID : 67125318

Amount of Each Receipt this Period

150.00

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

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

210.84

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

PAGE 18 OF 42

<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 (Last, First, Middle Initial)

A. Wendy Welch Jones

Mailing Address 28222 Timber Vlg

City

Magnolia

State

TX

Zip Code

77355-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal EMS

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	2		2	0	1	5		

Transaction ID : 67125328

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Tanya Jeanne Bay

Mailing Address 3330 Riva Ridge Dr

City

Fort Collins

State

CO

Zip Code

80526-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Colorado Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	9		2	0	1	5		

Transaction ID : 67125329

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Carolyn Baum

Mailing Address 4444 Forest Park Ave

City

Saint Louis

State

MO

Zip Code

63108-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Univ School of Medicine

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	8		2	0	1	5		

Transaction ID : 67125330

Amount of Each Receipt this Period

30.42

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

91.26

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 19 OF 42

(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. MISS Kelsi A Shough

Mailing Address 4510 Ironton Ave Apt 6207

City Lubbock State TX Zip Code 79407-3787

FEC ID number of contributing federal political committee.

C

Name of Employer Texas Tech University Health Sciences Occupation Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 09 / 2015

Transaction ID : 67125332

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jesse Valdez Chavez

Mailing Address Po Box 1901

City Mesilla Park State NM Zip Code 88047-1901

FEC ID number of contributing federal political committee.

C

Name of Employer Gadsden Independent District Occupation Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 02 / 2015

Transaction ID : 67125333

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Susan J Harris

Mailing Address 2124 Sunset Blvd

City San Diego State CA Zip Code 92103-1527

FEC ID number of contributing federal political committee.

C

Name of Employer Therapy Specialists Occupation Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 06 / 2015

Transaction ID : 67125335

Amount of Each Receipt this Period

30.42

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

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

91.26

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 20 OF 42

☒ 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. Anne Elizabeth Dickerson

Mailing Address 1806 Planters Walk

City

Greenville

State

NC

Zip Code

27858-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Carolina Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 09 / 2015

Transaction ID : 67125336

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Gail Fisher

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.82

Date of Receipt

08 / 08 / 2015

Transaction ID : 67125337

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. Gerri Ann Duran

Mailing Address 4920 Calle De Tierra Ne

City

Albuquerque

State

NM

Zip Code

87111-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.36

Date of Receipt

08 / 06 / 2015

Transaction ID : 67125338

Amount of Each Receipt this Period

30.42

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

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

121.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 42
(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 (Last, First, Middle Initial)

A. Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City	State	Zip Code
Las Vegas	NV	89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro University NevadaOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2015

Transaction ID : 67125339

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Beverly A Meredith

Mailing Address Po Box 353

City	State	Zip Code
Perry	KS	66073-0353

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Frances Health CenterOccupation
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2015

Transaction ID : 67125342

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Allison Mae Stone

Mailing Address 6682 Oxendale Ave

City	State	Zip Code
Las Vegas	NV	89139-5364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunrise HospitalOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2015

Transaction ID : 67125344

Amount of Each Receipt this Period

30.42

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

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

150.84

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

FOR LINE NUMBER: PAGE 22 OF 42

(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 (Last, First, Middle Initial)

A. Rita Patricia Fleming-Castaldy

Mailing Address 551 Sudbury St

City	State	Zip Code
Marlborough	MA	01752-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
University of Scranton	Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 67125348

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Stephanie Singleton

Mailing Address 78 Coryphodon Ln

City	State	Zip Code
Jemez Springs	NM	87025-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Presbyterian Home Health Svcs	Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : 67152687

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Jennifer C Johnson

Mailing Address 1126 N Cedar St

City	State	Zip Code
Abilene	KS	67410-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Hoover Bachman Assoc	Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2015

Transaction ID : 67152688

Amount of Each Receipt this Period

30.38

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

91.22

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:
(check only one)

PAGE 23 OF 42

<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 (Last, First, Middle Initial)

A. Joan Maria Soltis

Mailing Address 1101 N 11th St

City
SalinaState
KSZip Code
67401-2921FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Mackie University

Occupation

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
08	/	15	/	2015

Transaction ID : 67152689

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Carla Sue Wilhite

Mailing Address 1434 Adams St Ne

City

Albuquerque

State

NM

Zip Code

87110-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2015

Transaction ID : 67152691

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Sheri Montgomery

Mailing Address 8 Clermont Ct

City

Palm Coast

State

FL

Zip Code

32137-8926

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of St. Augustine

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.03

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	10	/	2015

Transaction ID : 67152693

Amount of Each Receipt this Period

1000.00

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

1060.80

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 24 OF 42

(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. Kimberly Bryze

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

Midwestern Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2015

Transaction ID : 67152695

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rachelle Dorne

Mailing Address 601 Nw 82nd Ave Apt 604

City

Plantation

State

FL

Zip Code

33324-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2015

Transaction ID : 67153423

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2015

Transaction ID : 67153428

Amount of Each Receipt this Period

30.42

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

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

160.84

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 25 OF 42

☒ 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. Jennifer Dee Wolff

Mailing Address 400 Tumbleweed Trl

City

Waverly

State

IA

Zip Code

50677-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Taylor Physical Therapy Assoc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 16 / 2015

Transaction ID : 67153431

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Kerri Heroux

Mailing Address 953 Avenida Manana Ne

City

Albuquerque

State

NM

Zip Code

87110-6166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Onpointe at Home

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 11 / 2015

Transaction ID : 67153434

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Susan K Goszewski

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.32

Date of Receipt

08 / 18 / 2015

Transaction ID : 67340813

Amount of Each Receipt this Period

30.42

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

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

91.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 42
(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 (Last, First, Middle Initial)

A. Bruce Allan Haack

Mailing Address 13604 Ne 42nd Ave

City

Vancouver

State

WA

Zip Code

98686-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salmon Creek Children's Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 67340814

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. DR Kathleen D Weissberg

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

Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 67340828

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. Gloria R Lucker

Mailing Address 2495 Main St Ste 234

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Optimal Therapy Associates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

505.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2015

Transaction ID : 67340830

Amount of Each Receipt this Period

60.83

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

204.99

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 27 OF 42
(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 (Last, First, Middle Initial)

A. Florence B Hannes

Mailing Address 32 Lake Rd

City

Salisbury Mills

State

NY

Zip Code

12577-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orange County Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

404.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2015

Transaction ID : 67340835

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Andrea M Bilics

Mailing Address 20 Lexington Ln

City

Millis

State

MA

Zip Code

02054-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Worcester State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 67340836

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Harriett Smith Bynum

Mailing Address 100 Cottonwood Dr

City

Oakdale

State

PA

Zip Code

15071-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kent State University, East Liverpool

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 67340837

Amount of Each Receipt this Period

30.42

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

121.67

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:
(check only one)

PAGE 28 OF 42

<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 (Last, First, Middle Initial)

A. Cathy M Mistovich

Mailing Address 2631 Monaldi Pkwy

City

State

Zip Code

Dyer

IN

46311-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Suburban College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

Transaction ID : 67340841

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jodie Marie Valls

Mailing Address 183 Lake Carnegie Ct

City

State

Zip Code

Laredo

TX

78041-2062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laredo Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 67340843

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kory Jean Hall

Mailing Address 209 1st St Sw

City

State

Zip Code

Watertown

SD

57201-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2015

Transaction ID : 67340844

Amount of Each Receipt this Period

30.42

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

91.26

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 29 OF 42
(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. Lisa Kay Iffland

Mailing Address 2417 W Gladys Ave

City State Zip Code
Chicago IL 60612-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 21 / 2015

Transaction ID : 67340845

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Esther Bernice Bell

Mailing Address 203 McClure St

City State Zip Code
Gonzales TX 78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 21 / 2015

Transaction ID : 67340903

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Brent Howard Braveman

Mailing Address 1 Hermann Park Ct Apt 432

City State Zip Code
Houston TX 77021-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.15

Date of Receipt

08 / 20 / 2015

Transaction ID : 67340906

Amount of Each Receipt this Period

60.83

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

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

121.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 42
(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 (Last, First, Middle Initial)

A. Carol Siebert

Mailing Address 304 Forbush Mountain Dr

City

Chapel Hill

State

NC

Zip Code

27514-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : 67340907

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Mr. Scott David Nordquist

Mailing Address 11874 Canterbury Dr.

City

Sterling Heights

State

MI

Zip Code

48312-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John's Hospital

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : 67340909

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Anna Haertling

Mailing Address 7200 Almeda Rd Apt 504

City

Houston

State

TX

Zip Code

77054-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIRR Memorial/Hermann

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 67340910

Amount of Each Receipt this Period

30.42

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

91.26

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:
(check only one)

PAGE 31 OF 42

<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 (Last, First, Middle Initial)

A. Charlene Marie Baize

Mailing Address 9111 Lakes At 610 Dr Apt 2211

City

Houston

State

TX

Zip Code

77054-2458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Childrens Hosp.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 67341057

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dennis Sullivan Cleary

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

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 67341059

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Barbara Winthrop

Mailing Address 4919 Holly St

City

Bellaire

State

TX

Zip Code

77401-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Aaron & Winthrop Hand Therapy Serv

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 67341087

Amount of Each Receipt this Period

2000.00

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

2395.00

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 Page

FOR LINE NUMBER: PAGE 32 OF 42

(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 (Last, First, Middle Initial)

A. Emily S Pugh

Mailing Address 1744 Nw 7th Pl

City	State	Zip Code
Gainesville	FL	32603-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Florida

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : 67390642

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Diane Lynn Smith

Mailing Address 120 Pleasant St Unit 306

City	State	Zip Code
Watertown	MA	02472-2398

FEC ID number of contributing
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : 67390643

Amount of Each Receipt this Period

91.26

Full Name (Last, First, Middle Initial)

C. Dawn Albarado Sonnier

Mailing Address 35921 Sarasota Ave

City	State	Zip Code
Denham Springs	LA	70706-8633

FEC ID number of contributing
federal political committee.

C

Name of Employer

DHH NORTHLAKE SUPPORTS AND SERVICE

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

Transaction ID : 67390645

Amount of Each Receipt this Period

60.83

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

182.51

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:
(check only one)

PAGE 33 OF 42

<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 (Last, First, Middle Initial)

A. Penelope A Moyers Cleveland

Mailing Address 575 Cleveland Ave S Apt 10

City

Saint Paul

State

MN

Zip Code

55116-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Catherine Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : 67390647

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Nathan Bernard Herz

Mailing Address 100 Baldwin Blvd

City

Fishersville

State

VA

Zip Code

22939-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Health Sciences Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : 67390648

Amount of Each Receipt this Period

91.22

Full Name (Last, First, Middle Initial)

C. Timothy Justin Wolf

Mailing Address 620 Mayflower Dr

City

Wentzville

State

MO

Zip Code

63385-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : 67390649

Amount of Each Receipt this Period

30.42

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

152.06

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:
(check only one)

PAGE 34 OF 42

<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 (Last, First, Middle Initial)

A. Rebecca E Argabrite Grove

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

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : 67390650

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Sharon Thomson Reitz

Mailing Address 8544 Window Latch Way

City

Columbia

State

MD

Zip Code

21045-5637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Towson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : 67390652

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kristie Patten Koenig

Mailing Address 721 N Jackson St

City

Media

State

PA

Zip Code

19063-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : 67390656

Amount of Each Receipt this Period

30.42

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

100.84

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 35 OF 42

(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. Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City State Zip Code
Dexter MI 48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Michigan Univ. and DBA/ AJ Lam

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2015

Transaction ID : 67390657

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Diana Lynn Gibson-Lee

Mailing Address 7450 W Dyer Rd

City State Zip Code
Twining MI 48766-9773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
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
08 / 29 / 2015

Transaction ID : 67390658

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City State Zip Code
Zanesville OH 43701-5557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zane State College

Occupation
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
08 / 25 / 2015

Transaction ID : 67390659

Amount of Each Receipt this Period

30.42

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

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

91.26

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

PAGE 36 OF 42

<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 (Last, First, Middle Initial)

A. Carol Rose Scheerer

Mailing Address 2121 Saint James Ave Apt 4

City	State	Zip Code
Cincinnati	OH	45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2015

Transaction ID : 67390660

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Kathryn Melin Eberhardt

Mailing Address 142 North Rebecca Street

City	State	Zip Code
Glenwood	IL	60425-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Suburban College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2015

Transaction ID : 67390661

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. DR Ruth S Ramsey

Mailing Address 50 Acacia Ave

City	State	Zip Code
San Rafael	CA	94901-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dominican Univ of CA

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2015

Transaction ID : 67390662

Amount of Each Receipt this Period

30.42

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

152.08

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 37 OF 42

(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. Michael Thomas Berthelette

Mailing Address 4311 S Cameron Ave

City State Zip Code
Tampa FL 33611-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
BMR Health Services, Inc.

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 25 2015

Transaction ID : 67390663

Amount of Each Receipt this Period

100.00

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)..... ►

100.00

7706.55

**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 38 OF 42

☒ 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. SunTrust Bank

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	8		1	5		2015					

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

Transaction ID : 67340983Purpose of Disbursement
Bank Fees on Account

001

Amount of Each Disbursement this Period

Candidate Name

											244.50
--	--	--	--	--	--	--	--	--	--	--	--------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Bank Fees on 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:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> 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:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

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

											244.50
--	--	--	--	--	--	--	--	--	--	--	--------

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

											244.50
--	--	--	--	--	--	--	--	--	--	--	--------

**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 39 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. Blumenthal For Connecticut

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Mailing Address 777 Summer Street Ste 103

C/O Cacace Tusch & Santagata

City

Stamford

State

CT

Zip Code

06901

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Richard Blumenthal

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: CT

District:

Transaction ID : 66973217

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Mailing Address PO Box 99567

City

Raleigh

State

NC

Zip Code

27624

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Renee Ellmers RN

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: NC

District: 02

Transaction ID : 66973218

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Mailing Address PO Box 361

City

Malden

State

MA

Zip Code

02148

Purpose of Disbursement

011

Candidate Name

Rep. Katherine M Clark

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: MA

District: 05

Transaction ID : 66973219

Amount of Each Disbursement this Period

2500.00

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

4500.00

--

**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 40 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement

011

Candidate Name

Sen. Dean Heller

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 66973270

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City	State	Zip Code
Long Beach	CA	90802

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Tony Cardenas

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 66973271

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Brett Guthrie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 66973272

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3000.00

--

**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 41 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
Camaign contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 66973273

Amount of Each Disbursement this Period

5000.00

Camaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Joe R. PittsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 66973274

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Susan BrooksMailing Address 9425 N Meridian St
237

City	State	Zip Code
Indianapolis	IN	46260

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Susan BrooksOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 66973275

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

7000.00

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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)

PAGE 42 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Transaction ID : 66973276Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Sandy M. LevinCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 09

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Transaction ID : 66973277Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Joe R. PittsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 16

campaign contribution

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

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

2500.00

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

17000.00