

**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 (AOT PAC)

ADDRESS (number and street)

4720 Montgomery Lane, Suite 200

Check if different
than previously
reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00089086

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☒ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

through

M M / D D / Y Y Y Y Y Y
11 / 30 / 2017

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

Metzler, Christina A., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Metzler, Christina A., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 19 / 2017

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		65952.56
(b) Cash on Hand at Beginning of Reporting Period.....	61140.02	
(c) Total Receipts (from Line 19)	18958.03	163574.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80098.05	229527.23
7. Total Disbursements (from Line 31).....	12333.04	161762.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	67765.01	67765.01
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. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	7

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).....	7378.85	56909.26
(ii) Unitemized	11563.01	106480.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18941.86	163389.88
(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)	18941.86	163389.88
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.).....	16.17	184.79
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))	18958.03	163574.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18958.03	163574.67

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	333.04	3437.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	333.04	3437.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	158300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	25.00
(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	25.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12333.04	161762.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12333.04	161762.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	18941.86	163389.88
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18941.86	163364.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	333.04	3437.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	333.04	3437.22

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 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Prendergast, Nancy, Drenan, ,

Mailing Address 311 Fairway Dr

City
Graniteville

State
SC

Zip Code
29829-4025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2017

Transaction ID : 76698638

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Guenzel, Mary, Collins, ,

Mailing Address 2504 Hillside Dr

City
Laramie

State
WY

Zip Code
82070-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed Occupational Therapist

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2017

Transaction ID : 76698639

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Sammons, Fred, , ,

Mailing Address 2622 Winchell Ave

City
Kalamazoo

State
MI

Zip Code
49008-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 76698706

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1365.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 41
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crist, Patricia, Ann, DR,

Mailing Address 6804 W Williams Dr

City
Glendale

State
AZ

Zip Code
85310-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Arizona Univ.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2017

Transaction ID : 76708123

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Rybski, Debra, Ann, ,

Mailing Address 468 Florence Ave

City

Webster Grvs

State
MO

Zip Code
63119-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Louis Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2017

Transaction ID : 76708125

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Kroll, Christine, , ,

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 (for Individual)
Healthcare Therapy Service

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2017

Transaction ID : 76708143

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

415.42

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 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Clark, David, Dennis, ,

Mailing Address 1012 Demorest Mount Airy Hwy

City
Mount AiryState
GAZip Code
30563-3505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.17

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017

Transaction ID : 76708144

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

B. Burkhardt, Ann, , ,

Mailing Address 132 Hope St

City
BristolState
RIZip Code
02809-2048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Drake University

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.58

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017

Transaction ID : 76708145

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Fleming-Castaldy, Rita, Patricia, ,

Mailing Address 551 Sudbury St

City
MarlboroughState
MAZip Code
01752-1656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Scranton

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.62

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : 76708146

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

121.67

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 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kalahar, Julie, Renee, ,

Mailing Address 320 26th St Nw

City
WatertownState
SDZip Code
57201-5815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lake Area Technical InstituteOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : 76708147

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Schulz, Trina, Lea, ,

Mailing Address 4915 Noble St

City
ShawneeState
KSZip Code
66226-9797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Kansas HospitalOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76708148

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Wright, Janet, , ,

Mailing Address 7 Seaport Dr Apt 609

City
QuincyState
MAZip Code
02171-1580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sensational SolutionsOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.63

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76708149

Amount of Each Receipt this Period

24.09

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

96.18

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 10 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mahoney, Kim Ann, , MRS,

Mailing Address 1210 Puritan Ave

City
Bronx

State
NY

Zip Code
10461-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Top Health

Occupation (for Individual)

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.36

Date of Receipt

11 / 05 / 2017

Transaction ID : 76708150

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Panczykowski, Heather, Lynn, ,

Mailing Address 310 Horseshoe Dr Apt B

City
Greenville

State
NC

Zip Code
27834-6393

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jamestown Community College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 04 / 2017

Transaction ID : 76708152

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Seguire, Barbara, A., ,

Mailing Address 1608 Waterford Dr

City
Bowling Green

State
OH

Zip Code
43402-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Owens Community College

Occupation (for Individual)
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 03 / 2017

Transaction ID : 76708153

Amount of Each Receipt this Period

30.42

☐ Memo Item

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 11 OF 41
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Alig, Kelly, Landry, DR,

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 (for Individual)
Louisiana State University HSC New Orl

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.64

Date of Receipt

11 / 04 / 2017

Transaction ID : 76708154

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

B. Sames, Karen, , ,

Mailing Address 1363 Saint Andrew Blvd

City
Eagan

State
MN

Zip Code
55123-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Catherine Univ.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.63

Date of Receipt

11 / 04 / 2017

Transaction ID : 76708155

Amount of Each Receipt this Period

24.09

☐ Memo Item

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

C. Solomon, Amy, Hahn, ,

Mailing Address 9568 La Quinta Dr

City
Lone Tree

State
CO

Zip Code
80124-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pima Medical Institute

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

653.37

Date of Receipt

11 / 02 / 2017

Transaction ID : 76708156

Amount of Each Receipt this Period

51.67

☐ Memo Item

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

136.59

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Vaughn, Lori, , ,

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 (for Individual)

Bay Path College

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2017

Transaction ID : 76708158

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. McLaughlin, Jennifer, Lee, ,

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 (for Individual)

PUMH, Inc.

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 76708159

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Simons, Dianne, Franklin, ,

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 (for Individual)

Virginia Commonwealth University

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 76708160

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

70.84

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

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

FOR LINE NUMBER: PAGE 13 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Achenbach, Christine, L, ,

Mailing Address 1353 Mill Rd

City
Elizabethtown

State
PA

Zip Code
17022-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elizabethtown College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 76708162

Amount of Each Receipt this Period

30.44

☐ Memo Item

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

B. Flick, Jami, , MRS,

Mailing Address 930 Madison Ave Ste 601

City
Memphis

State
TN

Zip Code
38103-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ. of Tennessee HSC

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2017

Transaction ID : 76708164

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Baum, Carolyn, , ,

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 (for Individual)
Washington Univ School of Medicine

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

Transaction ID : 76708168

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

80.86

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

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

FOR LINE NUMBER: PAGE 14 OF 41
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mistovich, Cathy, M, ,

Mailing Address 2631 Monaldi Pkwy

City
Dyer

State
IN

Zip Code
46311-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Suburban College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 04 / 2017

Transaction ID : 76708169

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Randall, Yvonne, Michelle, ,

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Touro University Nevada

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

11 / 01 / 2017

Transaction ID : 76708170

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Darragh, Amy, Rowntree, ,

Mailing Address 453 W 10th Ave

City

Columbus

State

OH

Zip Code

43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 04 / 2017

Transaction ID : 76708171

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

140.42

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 41
(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)

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bell, Esther, Bernice, ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2017 Transaction ID : 76708172</p>		
<p>Mailing Address 203 McClure St</p>			<p>Amount of Each Receipt this Period 60.83</p>		
<p>City Gonzales</p>	<p>State TX</p>	<p>Zip Code 78629-4213</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 669.17</p>		
<p>Name of Employer (for Individual) Retired</p>			<p>Occupation (for Individual) Occupational Therapist</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fisher, Gail, , ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2017 Transaction ID : 76708176</p>		
<p>Mailing Address 1003 S Elmwood Ave</p>			<p>Amount of Each Receipt this Period 41.67</p>		
<p>City Oak Park</p>	<p>State IL</p>	<p>Zip Code 60304-2109</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 483.33</p>		
<p>Name of Employer (for Individual) University of Illinois</p>			<p>Occupation (for Individual) Occupational Therapist</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hermes, Susan, Skees, ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2017 Transaction ID : 76708178</p>		
<p>Mailing Address 800 N Sunset Dr</p>			<p>Amount of Each Receipt this Period 30.38</p>		
<p>City Mount Dora</p>	<p>State FL</p>	<p>Zip Code 32757-4541</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 334.58</p>		
<p>Name of Employer (for Individual) Florida Hospital Waterman</p>			<p>Occupation (for Individual) Occupational Therapist</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>132.88</p>		
<p>TOTAL This Period (last page this line number only).....</p>					

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

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

FOR LINE NUMBER: PAGE 16 OF 41
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Keener, Allen, Scott, DR,

Mailing Address 1241 29th St S Apt 4

City
Birmingham

State
AL

Zip Code
35205-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wallace State Community College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : 76708179

Amount of Each Receipt this Period

91.26

☐ Memo Item

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

B. Bagby, Lisa, , ,

Mailing Address 2500 California Plz
Boyer 103f

City
Omaha

State
NE

Zip Code
68178-0133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Creighton Univ.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2017

Transaction ID : 76708180

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Fischbach, Jayna, J, ,

Mailing Address 400 E Locust St Unit 203

City
Des Moines

State
IA

Zip Code
50309-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drake University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

Transaction ID : 76708181

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

146.68

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 41

(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)

A. Robinson, Laura, Elizabeth, MRS, Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address Po Box 87 City New Era State MI Zip Code 49446-0087 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Heartland Health Care Center of Ann Ar Occupation (for Individual) Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 434.58			Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2017 Transaction ID : 76708182 Amount of Each Receipt this Period 30.42 <input type="checkbox"/> Memo Item
B. Decker, Thomas, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3022 Bent Creek Dr City Valrico State FL Zip Code 33596-8287 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) NOVA Southeastern Univ. Occupation (for Individual) Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2017 Transaction ID : 76708183 Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item
C. Davis, Diana, Rae, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address Po Box 9139 City Morgantown State WV Zip Code 26506-9139 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) West Virginia Univ Occupation (for Individual) Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.58			Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2017 Transaction ID : 76738374 Amount of Each Receipt this Period 30.42 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			80.84
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 18 OF 41
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Parolise, Michelle, Rae, ,

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 (for Individual)
Santa Ana College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738375

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Ward, Gretchen, Renee, Miss,

Mailing Address 120 Bellview Ave

City
Winchester

State
VA

Zip Code
22601-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed Occupational Therapist

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.58

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738377

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Hinds, Janice, Diane, ,

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 (for Individual)
Col Dept of Human Services, Col Mental

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738378

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

110.84

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)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Pearson, Adam, Cisroe, ,

Mailing Address 1562 Sanford Ave

City
Saint Louis

State
MO

Zip Code
63139-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peter & Paul Community Services, Inc.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738379

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Maisano, Kristen, Leigh, DR,

Mailing Address 6542 Old Carriage Dr

City
Alexandria

State
VA

Zip Code
22315-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Washington University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738380

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Haertling, Anna, , ,

Mailing Address 7200 Alameda Rd Apt 527

City
Houston

State
TX

Zip Code
77054-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIRR Memorial/Hermann

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.17

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738381

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

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

111.25

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

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

FOR LINE NUMBER: PAGE 20 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bernard, Angela, , ,

Mailing Address 1114 N Harrison St

City
Little Rock

State
AR

Zip Code
72205-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grow Learning Center

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2017

Transaction ID : 76738382

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Kern, Stephen, B, ,

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 (for Individual)
Thomas Jefferson Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.64

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2017

Transaction ID : 76738383

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

C. Brockevelt, Barbara, Thoreson, ,

Mailing Address 414 E Clark St

City
Vermillion

State
SD

Zip Code
57069-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The University of South Dakota

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2017

Transaction ID : 76738384

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

121.67

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

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

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 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Robinson, Monica, Lee, ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2017 Transaction ID : 76738385	
Mailing Address 453 W 10th Ave, 406b			Amount of Each Receipt this Period 100.00	
City Columbus	State OH	Zip Code 43210-2205	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1100.00	
Name of Employer (for Individual) Ohio State University		Occupation (for Individual) Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Piazza, Rebecca, Ann, ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2017 Transaction ID : 76738386	
Mailing Address 12014 Nw 136th St			Amount of Each Receipt this Period 60.83	
City Alachua	State FL	Zip Code 32615-6549	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 636.64	
Name of Employer (for Individual) UF Health Shands Rehab Hospital		Occupation (for Individual) Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Androyna, Sara, Marie, MS,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2017 Transaction ID : 76738387	
Mailing Address 50634 Jefferson Apt # 219			Amount of Each Receipt this Period 30.42	
City New Baltimore	State MI	Zip Code 48047-2369	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 354.58	
Name of Employer (for Individual) Lapeer County Intermediate School Dist		Occupation (for Individual) Occupational Therapy Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			191.25	
TOTAL This Period (last page this line number only).....				

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Cowell, Erin, Yvonne, ,

Mailing Address 6927 Old Seward Hwy Ste 100

City
Anchorage

State
AK

Zip Code
99518-2283

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DBA All for Kids Pediatric Therapy, LL

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2017

Transaction ID : 76738403

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Pickunka, Marilyn, Micka, ,

Mailing Address 5 Crowley Rd

City
Westhampton

State
MA

Zip Code
01027-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Healthy Mature Lifestyles, LCC

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2017

Transaction ID : 76738406

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Harvison, Neil, , ,

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 (for Individual)
American Occupational Therapy Associat

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

458.33

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738420

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

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

541.63

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

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NAME OF COMMITTEE (In Full)

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

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

A. Dickerson, Anne, Elizabeth, ,

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 (for Individual)
East Carolina Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 09 / 2017

Transaction ID : 76738422

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Moore, Jennifer, Ann, ,

Mailing Address 1195 Westcliffe Drive

City
Little Rock

State
AR

Zip Code
72210-4784

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Central Arkansas

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.58

Date of Receipt

11 / 12 / 2017

Transaction ID : 76738423

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Duran, Gerri, Ann, ,

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 (for Individual)
Self Employed Occupational Therapist

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

538.33

Date of Receipt

11 / 11 / 2017

Transaction ID : 76738424

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

102.51

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Chisholm, Denise, , ,

Mailing Address 1603 Heritage Dr

City
Pittsburgh

State
PA

Zip Code
15237-7616

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

11 / 11 / 2017

Transaction ID : 76738426

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Tilton, Melissa, Jean, ,

Mailing Address 28 Elaine Ave

City
Saugus

State
MA

Zip Code
01906-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rehab Care

Occupation (for Individual)
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.20

Date of Receipt

11 / 14 / 2017

Transaction ID : 76738428

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Singleton, Stephanie, , ,

Mailing Address 78 Coryphodon Ln

City
Jemez Springs

State
NM

Zip Code
87025-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Presbyterian Home Health Svcs

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 10 / 2017

Transaction ID : 76738430

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

310.84

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kramer, Paula, , ,

Mailing Address 2 Kinglet Dr S

City
Cranbury

State
NJ

Zip Code
08512-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ. of the Sciences in Philadelphia

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2017

Transaction ID : 76775378

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Weissberg, Kathleen, D, DR,

Mailing Address 115 Beaufort Lane

City
Milford

State
DE

Zip Code
19963-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Endura Care Therapy Mgmt

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2017

Transaction ID : 76775411

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

C. Clearman, Robin, Van, ,

Mailing Address 1900 Holcombe Blvd
Apt. # 1020

City
Houston

State
TX

Zip Code
77030-4124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wishing Well Pediatric Therapy

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

558.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2017

Transaction ID : 76775413

Amount of Each Receipt this Period

57.27

☐ Memo Item

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

168.10

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Toto, Pamela, Ellen, ,

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 (for Individual)

Univ of Pittsburgh

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

11 / 15 / 2017

Transaction ID : 76775414

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Bynum, Harriett, Smith, ,

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 (for Individual)
Kent State University, East Liverpool

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 21 / 2017

Transaction ID : 76775417

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Arnold, Mary, Margaret, ,

Mailing Address 1119 Maysville Ave

City
Zanesville

State
OH

Zip Code
43701-5557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Muskingum University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.58

Date of Receipt

11 / 20 / 2017

Transaction ID : 76775418

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

91.26

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NAME OF COMMITTEE (In Full)

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

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

A. Moyer, Elizabeth, A, ,

Mailing Address 266 Kees St

City
Lebanon

State
OR

Zip Code
97355-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Linn Benton Community College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2017

Transaction ID : 76775427

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Johnson, Jennifer, C, ,

Mailing Address 1126 N Cedar St

City
Abilene

State
KS

Zip Code
67410-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hoover Bachman Assoc

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2017

Transaction ID : 76775442

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Hines, Debra, Ann, ,

Mailing Address 3982 E Herrera Dr

City
Phoenix

State
AZ

Zip Code
85050-5465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KidzSPOT Pediatric Therapy, Inc.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2017

Transaction ID : 76775445

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

230.42

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Tomlin, George, Stuart, ,

Mailing Address 1500 N Warner St

City
Tacoma

State
WA

Zip Code
98416-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Puget Sound

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2017

Transaction ID : 76775446

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Hart, Margaret, , ,

Mailing Address 7 Clifford Rd

City

Southborough

State

MA

Zip Code

01772-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired Professor

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 17 / 2017

Transaction ID : 76775449

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Price, Mary, P., ,

Mailing Address 2102 E Somerset Dr

City

Cottonwood Heights

State

UT

Zip Code

84121-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Utah

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 21 / 2017

Transaction ID : 76775450

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

280.42

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

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NAME OF COMMITTEE (In Full)

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

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

A. Braveman, Brent, Howard, ,

Mailing Address 1 Hermann Park Ct Apt 432

City
Houston

State
TX

Zip Code
77021-2293

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.17

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2017

Transaction ID : 76775452

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

B. Bryze, Kimberly, , ,

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwestern Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2017

Transaction ID : 76775453

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Iffland, Lisa, Kay, ,

Mailing Address 2417 W Gladys Ave

City

Chicago

State

IL

Zip Code

60612-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wright College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2017

Transaction ID : 76775454

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

191.25

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

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NAME OF COMMITTEE (In Full)

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

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

A. Wolf, Timothy, Justin, ,

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 (for Individual)
University of Missouri

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2017

Transaction ID : 76775455

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Mastrangelo, Kristen, June, ,

Mailing Address 13 Ross Ln

City
Middleton

State
MA

Zip Code
01949-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harmony Healthcare

Occupation (for Individual)
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
11 / 22 / 2017

Transaction ID : 76790910

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. McKinnon, Sarah, , MRS,

Mailing Address 722 E 2nd St Unit 2

City
Boston

State
MA

Zip Code
02127-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mass. General Hospital

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

883.34

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2017

Transaction ID : 76790923

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1041.67

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Goszewski, Susan, K, ,

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 (for Individual)
Yale New Haven Hosp

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.74

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2017

Transaction ID : 76835107

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Heim, Barbara, Ann, ,

Mailing Address Po Box 1025

City
Remsenburg

State
NY

Zip Code
11960-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Complete Rehab Consultants

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 76835109

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Scheerer, Carol, Rose, ,

Mailing Address 2121 Saint James Ave Apt 4

City
Cincinnati

State
OH

Zip Code
45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Xavier University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

669.17

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2017

Transaction ID : 76835129

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

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

210.83

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 32 OF 41

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

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NAME OF COMMITTEE (In Full)

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

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

A. Wryals, Jo, , ,

Mailing Address 220 Sw 28th Rd

City
Miami

State
FL

Zip Code
33129-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed Occupational Therapist

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 25 / 2017

Transaction ID : 76835130

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Matthews, Kirsten, Rae, ,

Mailing Address 200 Oakridge Dr

City
Marquette

State
MI

Zip Code
49855-8865

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Superior Therapy Services

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 24 / 2017

Transaction ID : 76835131

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Keener, Allen, Scott, DR,

Mailing Address 1241 29th St S Apt 4

City
Birmingham

State
AL

Zip Code
35205-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wallace State Community College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 23 / 2017

Transaction ID : 76835132

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

85.84

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

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kreger, Margo, A, ,

Mailing Address 3603 Hillside Dr

City
Cedar Falls

State
IA

Zip Code
50613-5877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allen College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.30

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 76835134

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

B. Lamb, Amy, Jo, ,

Mailing Address 7024 N Meadows Way

City
Dexter

State
MI

Zip Code
48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastern Michigan Univ. and DBA/ AJ Lam

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.62

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2017

Transaction ID : 76835135

Amount of Each Receipt this Period

70.42

☐ Memo Item

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

C. Herz, Nathan, Bernard, ,

Mailing Address 1247 Augusta Rd

City
Trenton

State
SC

Zip Code
29847-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Georgia Health Sciences Univ.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2017

Transaction ID : 76835136

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

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

161.67

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

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

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NAME OF COMMITTEE (In Full)

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

A. Valls, Jodie, Marie, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 183 Lake Carnegie Ct City Laredo State TX Zip Code 78041-2062 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Laredo Community College Occupation (for Individual) Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.58			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2017 Transaction ID : 76835137 Amount of Each Receipt this Period 30.42 <input type="checkbox"/> Memo Item
B. Jacobs, Karen, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 33 Harry Agganis Way Apartment 2302 City Boston State MA Zip Code 02215-1307 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Boston University Occupation (for Individual) Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2017 Transaction ID : 76835143 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
C. Tilton, Melissa, Jean, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 28 Elaine Ave City Saugus State MA Zip Code 01906-2942 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Rehab Care Occupation (for Individual) Occupational Therapy Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 379.20			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2017 Transaction ID : 76835147 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			105.42
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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Argabrite Grove, Rebecca, E, ,

Mailing Address 41718 Browns Farm Ln

City
Leesburg

State
VA

Zip Code
20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Occupational Therapy Associat

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2017

Transaction ID : 76835159

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Taylor, Louie-Jean, , ,

Mailing Address Po Box 2197

City
Aberdeen

State
WA

Zip Code
98520-0363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rehab Visions@Grays Harbor Cmnty Hosp.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2017

Transaction ID : 76835160

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Berthelette, Michael, Thomas, ,

Mailing Address 4311 S Cameron Ave

City
Tampa

State
FL

Zip Code
33611-1327

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2017

Transaction ID : 76835161

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

200.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Brady, Catherine, Patricia, ,

Mailing Address 24409 S Meadowood Rd

City
Crete

State
IL

Zip Code
60417-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired from Governors State Universit

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2017

Transaction ID : 76835162

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Moyers Cleveland, Penelope, A, ,

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 (for Individual)
St. Catherine Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2017

Transaction ID : 76835163

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

C. Reitz, Sharon, Thomson, ,

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 (for Individual)
Towson Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2017

Transaction ID : 76835164

Amount of Each Receipt this Period

30.42

☐ Memo Item

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 37 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Koenig, Kristie, Patten, ,

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 (for Individual)
Temple University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2017

Transaction ID : 76835167

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Sonnier, Dawn, Albarado, ,

Mailing Address Po Box 317

City
Watson

State
LA

Zip Code
70786-0317

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2017

Transaction ID : 76835168

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

C. Eberhardt, Kathryn, Melin, ,

Mailing Address 142 North Rebecca Street

City
Glenwood

State
IL

Zip Code
60425-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Suburban College

Occupation (for Individual)
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

669.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2017

Transaction ID : 76852205

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

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

152.08

7378.85

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City
AtlantaState
GAZip Code
30302Purpose of Disbursement
bank fees on account

Candidate Name

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

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

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : 76767604**

Amount of Each Disbursement this Period

333.04

bank fees on account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

333.04

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

333.04

**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 41

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Date of Disbursement

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

Mailing Address PO Box 6545

City
VisaliaState
CAZip Code
93290Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Nunes, Devin, G., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 22

FEC Identification Number

C C00370056

Transaction ID : 76761812

Amount of Each Disbursement this Period

1500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Date of Disbursement

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

Mailing Address 50 S Providence Rd

City
MediaState
PAZip Code
19063Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Meehan, Patrick, L., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 07

FEC Identification Number

C C00466870

Transaction ID : 76761813

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McKinley For Congress

Date of Disbursement

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

Mailing Address PO Box 642

City
MorgantownState
WVZip Code
26507Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

McKinley, David, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District: 01

FEC Identification Number

C C00473132

Transaction ID : 76761814

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Donovan For Congress

Mailing Address PO Box 60530

City
Staten IslandState
NYZip Code
10306Purpose of Disbursement
campaign contribution

011

Candidate Name

Donovan, Daniel, M., Rep., Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		20		2017

FEC Identification Number

C C00571869**Transaction ID : 76762714**

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik PaulsenMailing Address P.O. Box 44369
250 Prairie Center DriveCity
Eden PrairieState
MNZip Code
55344Purpose of Disbursement
campaign contribution

011

Candidate Name

Paulsen, Erik, P., Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		20		2017

FEC Identification Number

C C00439661**Transaction ID : 76762715**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Byrne For Congress

Mailing Address PO Box 2743

City
MobileState
ALZip Code
36652Purpose of Disbursement
campaign contribution

011

Candidate Name

Byrne, Bradley, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		20		2017

FEC Identification Number

C C00545673**Transaction ID : 76762717**

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

4500.00

12000.00