

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

Election on 11 / 06 / 2012 in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer Christina A. Metzler [Electronically Filed] Date 10 / 23 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		60190.34
(b) Cash on Hand at Beginning of Reporting Period.....	54113.93	
(c) Total Receipts (from Line 19)	11954.60	219468.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66068.53	279659.06
7. Total Disbursements (from Line 31).....	5256.49	218847.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60812.04	60812.04
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

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

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).....	4113.38	57865.44
(ii) Unitemized	7841.22	161513.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11954.60	219379.05
(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)	11954.60	219379.05
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.).....	0.00	89.67
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))..... ▶	11954.60	219468.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11954.60	219468.72

DETAILED SUMMARY PAGE
of Disbursements

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	256.49	3522.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	256.49	3522.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	213250.00
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	75.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	75.00
29. Other Disbursements	0.00	2000.00
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)) ..	5256.49	218847.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5256.49	218847.02

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)	11954.60	219379.05
34. Total Contribution Refunds (from Line 28(d))	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11954.60	219304.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	256.49	3522.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	256.49	3522.02

**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 6 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (AOT PAC)

A. Wendy Welch Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 18515 N Settlers Shore Dr
 City Cypress State TX Zip Code 77433-2479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: HCR - Manor Care Occupation: Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.36**

Date of Receipt: 10 / 11 / 2012
Transaction ID : 48101335
 Amount of Each Receipt this Period: 30.42

B. Anne Frances Cronin
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 Stewart St
 City Morgantown State WV Zip Code 26505-3648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: West Virginia University Occupation: Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1012.94**

Date of Receipt: 10 / 09 / 2012
Transaction ID : 48101339
 Amount of Each Receipt this Period: 30.42

C. Timothy Justin Wolf
 Full Name (Last, First, Middle Initial)
 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: Washington Univ. in St. Louis Occupation: Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt: 10 / 09 / 2012
Transaction ID : 48101342
 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: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Jennifer Lee McLaughlin
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.22

Date of Receipt 10 / 03 / 2012
Transaction ID : 48101592
 Amount of Each Receipt this Period 45.00

B. Heather Lynn Panczykowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Hamlet St
 City Fredonia State NY Zip Code 14063-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jamestown Community College Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.76

Date of Receipt 10 / 02 / 2012
Transaction ID : 48101597
 Amount of Each Receipt this Period 30.46

C. Julie Renee Kalahar
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.52

Date of Receipt 10 / 07 / 2012
Transaction ID : 48101610
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional).....▶ 105.88
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)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

A. Mindy Sue Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 13
 City Whitewater State KS Zip Code 67154-0013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown Mackie College Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **222.52**

Date of Receipt **10 / 03 / 2012**
Transaction ID : 48101615
 Amount of Each Receipt this Period **30.42**

B. David Dennis Clark
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **272.52**

Date of Receipt **10 / 08 / 2012**
Transaction ID : 48101618
 Amount of Each Receipt this Period **30.42**

C. Rachelle Dorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 6274 Sw 192nd Ave
 City Fort Lauderdale State FL Zip Code 33332-3305
 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 **220.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 48101630
 Amount of Each Receipt this Period **20.00**

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: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2012 Transaction ID : 48101639
Mailing Address 1744 Nw 7th Pl		Amount of Each Receipt this Period 30.42
City Gainesville	State FL	Zip Code 32603-1221
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Florida	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.16	

Full Name (Last, First, Middle Initial) B. DR Diane Lynn Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2012 Transaction ID : 48101641
Mailing Address 1000 Willowcreek Ln		Amount of Each Receipt this Period 30.46
City Columbia	State MO	Zip Code 65203-4886
FEC ID number of contributing federal political committee. C		
Name of Employer V.A. Medical Center	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.08	

Full Name (Last, First, Middle Initial) C. Brent Howard Braveman		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2012 Transaction ID : 48101643
Mailing Address 1 Hermann Park Ct Apt 639		Amount of Each Receipt this Period 30.42
City Houston	State TX	Zip Code 77021-2446
FEC ID number of contributing federal political committee. C		
Name of Employer University of Illinois	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.52	

SUBTOTAL of Receipts This Page (optional).....▶	91.30
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 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Dianne Franklin Simons		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2012 Transaction ID : 48101647
Mailing Address 3009 Huntwick Ct		Amount of Each Receipt this Period 30.42
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.52	

Full Name (Last, First, Middle Initial) B. MISS Mary Strausser		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2012 Transaction ID : 48101661
Mailing Address 2416 Cramer Cir		Amount of Each Receipt this Period 30.42
City Pottsville	State PA	Zip Code 17901-3123
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis Rehab Services	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.52	

Full Name (Last, First, Middle Initial) C. Mrs. Donna C Flowers		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2012 Transaction ID : 48101669
Mailing Address 6306 Walnut Bend Ter		Amount of Each Receipt this Period 30.42
City Midlothian	State VA	Zip Code 23112-2391
FEC ID number of contributing federal political committee. C		
Name of Employer Amedisys Home Health Care	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.58	

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: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Christine Lynn Kroll
 Full Name (Last, First, Middle Initial)
 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 ▼ 304.20

Date of Receipt 10 / 10 / 2012
Transaction ID : 48101870
 Amount of Each Receipt this Period 30.42

B. Barbara A Seguire
 Full Name (Last, First, Middle Initial)
 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 Owens Community College Occupation Occupational Therapy Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 10 / 2012
Transaction ID : 48101874
 Amount of Each Receipt this Period 30.42

C. Mary Elizabeth Craig-Oatley
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Summerhaze Ct
 City Ormond Beach State FL Zip Code 32174-4871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Daytona State College Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 12 / 2012
Transaction ID : 48101877
 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: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Mary Patricia Shotwell
Full Name (Last, First, Middle Initial)

Mailing Address 3463 Crown Dr

City Gainesville State GA Zip Code 30506-1407

FEC ID number of contributing federal political committee. **C**

Name of Employer Brenau University Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : 48101881

Amount of Each Receipt this Period
30.42

B. Jan Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 1530 3rd Ave S

City Birmingham State AL Zip Code 35294-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Alabama @ Birmingham Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2012

Transaction ID : 48101883

Amount of Each Receipt this Period
30.38

C. Stephanie Singleton
Full Name (Last, First, Middle Initial)

Mailing Address 2917 Santa Monica Ave Se

City Albuquerque State NM Zip Code 87106-2962

FEC ID number of contributing federal political committee. **C**

Name of Employer Presbyterian Home Health Svcs Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : 48101885

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	91.22
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)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Kit M Kuhlemeier
Full Name (Last, First, Middle Initial)

Mailing Address 812 Ashebrook Dr Apt B

City Greensboro State NC Zip Code 27409-2789

FEC ID number of contributing federal political committee. **C**

Name of Employer Legacy Health Care Occupation 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
 10 / 01 / 2012

Transaction ID : 48102213

Amount of Each Receipt this Period
 30.42

B. Lynn M Jansky
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Nw 11th St Apt E203

City Hermiston State OR Zip Code 97838-6916

FEC ID number of contributing federal political committee. **C**

Name of Employer Sky Lakes Medical Center Occupation 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
 10 / 01 / 2012

Transaction ID : 48102219

Amount of Each Receipt this Period
 30.42

C. Betsy Joan Vanleit
Full Name (Last, First, Middle Initial)

Mailing Address 1908 Griegos Rd Nw

City Albuquerque State NM Zip Code 87107-2837

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of New Mexico - Health Sciences C Occupation 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
 10 / 07 / 2012

Transaction ID : 48102225

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: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Zubin Mathew Shirodkar		Date of Receipt
Mailing Address 59 Audrey Ave		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Plainview	NY	11803-3514
FEC ID number of contributing federal political committee.		Transaction ID : 48102231
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
New York City Board of Education	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Deborah Parkinson		Date of Receipt
Mailing Address 344b County Road 726		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Riceville	TN	37370-5731
FEC ID number of contributing federal political committee.		Transaction ID : 48102234
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.42"/>
Name of Employer	Occupation	
EHCC	Occupational Therapy Assistant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="243.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Melissa M Vaidya		Date of Receipt
Mailing Address 1220 E Fletcher St		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Philadelphia	PA	19125-3504
FEC ID number of contributing federal political committee.		Transaction ID : 48102242
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.42"/>
Name of Employer	Occupation	
Fox Rehab	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="243.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Liesa Jo Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 1388
 City Philadelphia State MS Zip Code 39350-1388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Care Center Occupation 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
 10 / 01 / 2012
Transaction ID : 48102247
 Amount of Each Receipt this Period
 30.42

B. Florence B Hannes
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : 48102753
 Amount of Each Receipt this Period
 500.00

C. DR Joanne Jackson Foss
 Full Name (Last, First, Middle Initial)
 Mailing Address 10205 Sw 36th Pl
 City Gainesville State FL Zip Code 32608-9045
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : 48102762
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	730.42
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	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

A. Mary Margaret Arnold
 Full Name (Last, First, Middle Initial)
 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 Zane State College Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **373.78**

Date of Receipt **10 / 10 / 2012**
Transaction ID : 48102772
 Amount of Each Receipt this Period **100.00**

B. Rachelle Dorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 6274 Sw 192nd Ave
 City Fort Lauderdale State FL Zip Code 33332-3305
 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 ▼ **230.00**

Date of Receipt **10 / 11 / 2012**
Transaction ID : 48102777
 Amount of Each Receipt this Period **10.00**

C. Barbara Thoreson Brockevelt
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 E Clark St, Room 302
 City Vermillion State SD Zip Code 57069-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of South Dakota Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **282.52**

Date of Receipt **10 / 10 / 2012**
Transaction ID : 48102794
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Jenene Woods Craig
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 Grove Ridge Dr
 City Loganville State GA Zip Code 30052-5613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Breneau University 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
 10 / 10 / 2012
Transaction ID : 48102796
 Amount of Each Receipt this Period
 365.00

B. Brent Howard Braveman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Hermann Park Ct Apt 639
 City Houston State TX Zip Code 77021-2446
 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 ▼ 322.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : 48102800
 Amount of Each Receipt this Period
 100.00

C. Yvonne Michielle Randall
 Full Name (Last, First, Middle Initial)
 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 Touro University Nevada Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : 48102815
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	515.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

A. Denise Chisholm
 Full Name (Last, First, Middle Initial)
 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 Univ of Pittsburgh, Dept of OT Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 10 / 10 / 2012
Transaction ID : 48102820
 Amount of Each Receipt this Period 100.00

B. Peter John Kennelty
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Gardner Ave
 City Middletown State NY Zip Code 10940-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ELANT at Fishkill, Inc. Occupation Occupational Therapy Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.40

Date of Receipt 10 / 10 / 2012
Transaction ID : 48103172
 Amount of Each Receipt this Period 30.44

C. Mary Margaret Arnold
 Full Name (Last, First, Middle Initial)
 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 Zane State College Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.20

Date of Receipt 10 / 10 / 2012
Transaction ID : 48103175
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional).....▶ 160.86
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)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Janice Diane Hinds		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
10		07		2012								
Mailing Address 2467 S Lincoln St		Transaction ID : 48103176										
City Denver	State CO	Zip Code 80210-5016										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.42										
Name of Employer Col Dept of Human Services, Col Mental	Occupation Occupational Therapist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.16											

Full Name (Last, First, Middle Initial) B. Rita Patricia Fleming-Castaldy		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		09		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
10		09		2012								
Mailing Address 551 Sudbury St		Transaction ID : 48103179										
City Marlborough	State MA	Zip Code 01752-1656										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.38										
Name of Employer University of Scranton	Occupation Occupational Therapist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.82											

Full Name (Last, First, Middle Initial) C. Gail Fisher		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		08		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
10		08		2012								
Mailing Address 1003 S Elmwood Ave		Transaction ID : 48103181										
City Oak Park	State IL	Zip Code 60304-2109										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.38										
Name of Employer University of Illinois	Occupation Occupational Therapist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.80											

SUBTOTAL of Receipts This Page (optional).....▶	91.18
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: (check only one)	PAGE 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Theresa McCarty Oster
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 Green St
 City Rockton State IL Zip Code 61072-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara Olson Center of Hope Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 48103185
 Amount of Each Receipt this Period **300.00**

B. Yvonne Michielle Randall
 Full Name (Last, First, Middle Initial)
 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 Touro University Nevada Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **665.00**

Date of Receipt **10 / 03 / 2012**
Transaction ID : 48103187
 Amount of Each Receipt this Period **65.00**

C. Mary Ellen East
 Full Name (Last, First, Middle Initial)
 Mailing Address 22043 Rein Ave
 City Eastpointe State MI Zip Code 48021-2418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baker College Occupation Occupational Therapy Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **535.00**

Date of Receipt **10 / 11 / 2012**
Transaction ID : 48109570
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **145.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Thomas F Fisher
Full Name (Last, First, Middle Initial)
Mailing Address 1140 W Michigan St
City Indianapolis State IN Zip Code 46202-5209
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana University Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 11 / 2012**
Transaction ID : 48109575
Amount of Each Receipt this Period **100.00**

B. Patricia E Fingerhut
Full Name (Last, First, Middle Initial)
Mailing Address 2022 Castlewind Ct
City League City State TX Zip Code 77573-6997
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of TX Med Branch Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 11 / 2012**
Transaction ID : 48109592
Amount of Each Receipt this Period **200.00**

C. Karin J Barnes
Full Name (Last, First, Middle Initial)
Mailing Address 6318 Welles Glenn Cir
City San Antonio State TX Zip Code 78240-4903
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of Texas HSC at San Antonio Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 11 / 2012**
Transaction ID : 48109594
Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **665.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)

A. Susan Bruch Nochajski
Full Name (Last, First, Middle Initial)

Mailing Address 41 Matejko St

City Buffalo State NY Zip Code 14206-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Buffalo, SUNY Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 11 / 2012
Transaction ID : 48109595

Amount of Each Receipt this Period 365.00

B. Fred Somers
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Constitution Ave., NE

City Washington State DC Zip Code 20002-6434

FEC ID number of contributing federal political committee. **C**

Name of Employer American Occupational Therapy Assoc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2012
Transaction ID : 48109596

Amount of Each Receipt this Period 250.00

C. Carla Sue Wilhite
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 1591

City Casper State WY Zip Code 82602-1591

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 ▼ 230.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 48289312

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶ 640.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Pamela Ellen Toto		Date of Receipt 10 / 15 / 2012 Transaction ID : 48289313
Mailing Address 7008 Lyons View Ct		Amount of Each Receipt this Period 30.42
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 544.20	

Full Name (Last, First, Middle Initial) B. Gretchen Beth Weitemier		Date of Receipt 10 / 15 / 2012 Transaction ID : 48289314
Mailing Address 1305 Warm Springs Ave		Amount of Each Receipt this Period 30.38
City Boise	State ID	Zip Code 83712-8026
FEC ID number of contributing federal political committee. C		
Name of Employer Idaho Elks Rehab System	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.16	

Full Name (Last, First, Middle Initial) C. Dennis Sullivan Cleary		Date of Receipt 10 / 15 / 2012 Transaction ID : 48289318
Mailing Address 453 W 10th Ave		Amount of Each Receipt this Period 30.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.80
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 27
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

A. Full Name (Last, First, Middle Initial)
MISS Amy Jo Gapinski

Mailing Address 3032 N. Racine Ave #2

City Chicago State IL Zip Code 60657-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Manor Care Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.50

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2012

Transaction ID : 48289321

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	4113.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement
bank fees on checking account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 48109597

Amount of Each Disbursement this Period

bank fees on checking account

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 (AOTPAC)

Full Name (Last, First, Middle Initial)

A. Andrews For Congress

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Robert E. Andrews

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 48096308

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. McDowell For Congress

Mailing Address 10820 Glen Street

City Rudyard State MI Zip Code 49780

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Mr. Gary McDowell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 48096309

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Angus King For Us Senate Campaign

Mailing Address 135 Maine Street
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement
campaign contribution

011

Candidate Name

Mr. Angus King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 48096312

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Andre Carson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : 48096316

Amount of Each Disbursement this Period

500.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

5000.00
