

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesThe American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

☐Check if different  
than previously  
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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  
Quarterly 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 (12G)

Election on

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

07

01

2006

through

07

31

2006

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

Electronically Filed by Christina A. Metzler

Date

08

15

2006

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M		D	D		Y	Y	Y	Y
0	7		3	1		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		54213.25
(b) Cash on Hand at Beginning of Reporting Period .....	62195.69	
(c) Total Receipts (from Line 19) .....	40850.53	101313.73
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	103046.22	155526.98
7. Total Disbursements (from Line 31) .....	20418.40	72899.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	82627.82	82627.82
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M D D Y Y W Y  
0 7 0 1 2 0 0 6

To:

M M D D Y Y W Y  
0 7 3 1 2 0 0 6

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	1054.00	11475.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	39789.67	89800.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	40843.67	101275.20
(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) ..... ➡	40843.67	101275.20
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	6.86	38.53
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 Transfer (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)) .....	40850.53	101313.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40850.53	101313.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	343.40	1449.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	343.40	1449.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	71200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	75.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	75.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	20418.40	72899.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20418.40	72899.16

**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) .....	40843.67	101275.20
34. Total Contribution Refunds (from Line 28(d)) .....	75.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40768.67	101025.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	343.40	1449.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	343.40	1449.16

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

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Sophia Rydin		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 5500 Holly St		<b>Transaction ID:</b> 15896744
City Houston	State TX	Zip Code 77081-7410
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HCSS	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rebecca E Argabrite Grove		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 41718 Browns Farm Lane		<b>Transaction ID:</b> 15914769
City Leesburg	State VA	Zip Code 20176-6026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.00
Name of Employer Loudoun County Public Schools	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Martha Hartgraves		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1221 W 860 N		<b>Transaction ID:</b> 16036716
City Provo	State UT	Zip Code 84604-3108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rocky Mt Univ of Health	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

781.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 14

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pamela Ellen Toto		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 7008 Lyons View Ct		<b>Transaction ID:</b> 16050501 Amount of Each Receipt this Period 100.00
City Murrysville	State PA	
Zip Code 15668-1056		
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Baum		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 6314 S Rosebury 3 West		<b>Transaction ID:</b> 16050505 Amount of Each Receipt this Period 31.00
City Clayton	State MO	
Zip Code 63105-2255		
FEC ID number of contributing federal political committee. C		
Name of Employer Washington Univ School of Medicine	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Linda Coogle Stephens		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 1696 Wawona Ter Ne		<b>Transaction ID:</b> 16050508 Amount of Each Receipt this Period 61.00
City Atlanta	State GA	
Zip Code 30319-3718		
FEC ID number of contributing federal political committee. C		
Name of Employer Atlanta Children's Therapy	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00	

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

192.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)

Monica Lee Robinson

Mailing Address 368 W 6th Ave

City State Zip Code  
Columbus OH 43201-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR Manor Care

Occupation  
OT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: 16050509

Amount of Each Receipt this Period

50.00

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

Jennifer Jo Amundson

Mailing Address 600 28th Ave SW

City State Zip Code  
Willmar MN 56201-5078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESD 105

Occupation  
OT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: 16050510

Amount of Each Receipt this Period

31.00

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

81.00

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

1054.00

# **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)

PAGE 9 / 14

<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  
(AOTPAAC)

Full Name (Last, First, Middle Initial)

**A.** SunTrust Bank

Mailing Address PO Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16028342

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

343.40

bank fees

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

343.40

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

343.40

# **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)

PAGE 10 / 14

<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

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.** Friends Of Patrick J Kennedy Inc

Mailing Address P.O. Box 321

City  
Pawtucket

State  
RI

Zip Code  
02862

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Patrick J. Kennedy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 15937325

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**B.** Citizens For Harkin

Mailing Address P O Box 811

City  
Des Moines

State  
IA

Zip Code  
50304

Purpose of Disbursement  
campaign contribution

Candidate Name  
Sen. Tom Harkin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 15936989

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City  
Lake Worth

State  
FL

Zip Code  
33461

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Mark A. Foley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 15937276

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

500.00

campaign contribution

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

3500.00

**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)

PAGE 11 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 (AOTPA)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City  
Lake Worth

State  
FL

Zip Code  
33461

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Mark A. Foley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 15937538

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

500.00

campaign contribution

Full Name (Last, First, Middle Initial)

**B.** Kennedy For Senate 2006

Mailing Address 301 4th St Ne Suite 202

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
campaign contribution

Candidate Name  
Sen. Edward M. Kennedy

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 1

Transaction ID: 15937150

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C.** Kennedy For Senate 2006

Mailing Address 301 4th St Ne Suite 202

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
campaign contribution

Candidate Name  
Sen. Edward M. Kennedy

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 1

Transaction ID: 15937777

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

500.00

campaign contribution

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

3000.00

**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)

PAGE 12 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 (AOTPA)

Full Name (Last, First, Middle Initial)

**A. Solis For Congress**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Hilda L. Solis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: 15937109

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

500.00

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Snowe For Senate**

Mailing Address P.O. Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement  
campaign contribution

Candidate Name  
Sen. Olympia J. Snowe

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: 16178931

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Mike Ross For Congress Committee**

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Michael A. Ross

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 16178930

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

2500.00

**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)

PAGE 13 / 14

<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

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 (AOTPA)

Full Name (Last, First, Middle Initial)

## **A. Committee To Elect Lindsey Graham**

Mailing Address P.O. Box 1155  
PO Box 1155

City Seneca State SC Zip Code 29679

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Lindsey O. Graham

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 3

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16178998

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

## **B. Ensign For Senate**

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement  
campaign contribution

Candidate Name  
Sen. John E. Ensign

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NV District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16178996

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

## **C. Democratic Senatorial Campaign Committee (DSCC)**

Mailing Address 430 South Capitol St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 16178922

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3000.00

**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)

PAGE 14 / 14

<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

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.** Storm Chasers PAC

Mailing Address PO Box 237

City  
Monticello

State  
IN

Zip Code  
47960

Purpose of Disbursement  
campaign contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16178912

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**B.** Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City  
Uwchland

State  
PA

Zip Code  
19480

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. James W. Gerlach

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 6

Disbursement For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 16178927

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C.** Every Republican is Crucial Political Action Cmt

Mailing Address 209 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
campaign contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16178920

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

campaign contribution

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

8000.00

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

20000.00