



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="54923.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60357.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18356.05"/>	<input type="text" value="147281.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="78713.34"/>	<input type="text" value="202204.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5946.55"/>	<input type="text" value="129438.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72766.79"/>	<input type="text" value="72766.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	7868.05	52609.98
(ii) Unitemized .....	10474.01	94577.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18342.06	147187.25
(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) .....	18342.06	147187.25
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.).....	13.99	94.23
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))..... ▶	18356.05	147281.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18356.05	147281.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	346.55	2838.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	346.55	2838.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	126500.00
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 .....	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5946.55	129438.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5946.55	129438.19

**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) .....	18342.06	147187.25
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18242.06	147087.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	346.55	2838.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	346.55	2838.19

**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 41
	<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	

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. Diana Rae Davis**  
Full Name (Last, First, Middle Initial)

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 West Virginia Univ Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 09 / 2016  
**Transaction ID : 7222453**

Amount of Each Receipt this Period 30.42

Memo Item

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

Mailing Address 6822 Loyola Dr

City Huntington Beach State CA Zip Code 92647-4054

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

Name of Employer Santa Ana College Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 09 / 2016  
**Transaction ID : 7222454**

Amount of Each Receipt this Period 30.42

Memo Item

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

Mailing Address 1200 N Stonewall Ave

City Oklahoma City State OK Zip Code 73117-1215

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

Name of Employer Univ of Oklahoma Health Sciences Cente Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 08 / 2016  
**Transaction ID : 7222455**

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: (check only one)	PAGE 7 OF 41
	<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. Miss Gretchen Renee Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9144 Kershaw Ct  
 City Manassas State VA Zip Code 20110-4263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.90**

Date of Receipt **07 / 09 / 2016**  
**Transaction ID : 7222458**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**B. MRS Laura Elizabeth Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 87  
 City New Era State MI Zip Code 49446-0087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Health Care Center of Ann Ar Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.90**

Date of Receipt **07 / 02 / 2016**  
**Transaction ID : 7222459**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**C. Trina Lea Schulz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Noble St  
 City Shawnee State KS Zip Code 66226-9797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Kansas Hospital Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **262.90**

Date of Receipt **07 / 02 / 2016**  
**Transaction ID : 7222461**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.26</b>
<b>TOTAL</b> 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 41
	<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. Stephanie Singleton**  
 Full Name (Last, First, Middle Initial)  
 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 Presbyterian Home Health Svcs Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 212.90

Date of Receipt 07 / 10 / 2016  
**Transaction ID : 7222462**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. MS Sara Marie Androya**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50634 Jefferson Apt # 219  
 City New Baltimore State MI Zip Code 48047-2369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lapeer County Intermediate School Dist Occupation Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 212.90

Date of Receipt 07 / 09 / 2016  
**Transaction ID : 7222463**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Elizabeth Hart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 4993  
 City Chapel Hill State NC Zip Code 27515-4993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carol Woods Retirement Community Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 212.90

Date of Receipt 07 / 04 / 2016  
**Transaction ID : 7222464**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.26
<b>TOTAL</b> 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 41
	<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. Cathy M Mistovich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2631 Monaldi Pkwy  
 City State Zip Code  
 Dyer IN 46311-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Suburban College Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2016  
**Transaction ID : 7222468**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**B. Patricia E Fingerhut**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 Twin Oaks Blvd  
 City State Zip Code  
 Kemah TX 77565-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of TX Med Branch Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2016  
**Transaction ID : 7222469**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**C. David Dennis Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 Demorest Mount Airy Hwy  
 City State Zip Code  
 Mount Airy GA 30563-3505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : 7222472**  
 Amount of Each Receipt this Period  
 60.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.67
<b>TOTAL</b> 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 10 OF 41
	<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. Rebecca Ann Robinson-Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6113 Chinaberry Dr  
 City Columbus State OH Zip Code 43213-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DBA Robinson-Brown and Associates Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 03 / 2016**  
**Transaction ID : 7222473**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Patrick James Bloom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Elm Tree Lane  
 City Vernon Hills State IL Zip Code 60061-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sundance Rehab Corp Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **334.54**

Date of Receipt **07 / 09 / 2016**  
**Transaction ID : 7222474**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**C. Ivelisse Lazzarini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5731 Thompson Rd  
 City Syracuse State NY Zip Code 13214-1242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lemoyne College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **304.17**

Date of Receipt **07 / 02 / 2016**  
**Transaction ID : 7222478**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>221.66</b>
<b>TOTAL</b> 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 41
	<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. Anna Haertling**  
 Full Name (Last, First, Middle Initial)  
 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 TIRR Memorial/Hermann Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **283.32**

Date of Receipt **07 / 09 / 2016**  
**Transaction ID : 7222479**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**B. 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 **282.48**

Date of Receipt **07 / 04 / 2016**  
**Transaction ID : 7222483**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**C. Stephen B Kern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1023 Kimball St  
 City Philadelphia State PA Zip Code 19147-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Jefferson Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.90**

Date of Receipt **07 / 09 / 2016**  
**Transaction ID : 7222484**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>121.67</b>
<b>TOTAL</b> 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 41
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 9568 La Quinta Dr

City Lone Tree State CO Zip Code 80124-4202

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

Name of Employer Pima Medical Institute Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.54**

Date of Receipt **07 / 02 / 2016**

**Transaction ID : 7222486**

Amount of Each Receipt this Period **47.30**

Memo Item

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

Mailing Address 5206 Citation Ave

City Edinburg State TX Zip Code 78539-9662

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

Name of Employer South Texas College Occupation Occupational Therapy Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.90**

Date of Receipt **07 / 04 / 2016**

**Transaction ID : 7222487**

Amount of Each Receipt this Period **30.42**

Memo Item

**C. Lori Vaughn**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Granville Rd

City Southwick State MA Zip Code 01077-9666

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

Name of Employer Bay Path College Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.90**

Date of Receipt **07 / 04 / 2016**

**Transaction ID : 7222488**

Amount of Each Receipt this Period **30.42**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **108.14**

**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 41
	<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)**

**A. Dianne Franklin Simons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 Huntwick Ct  
 City Richmond State VA Zip Code 23233-7741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Commonwealth University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2016  
**Transaction ID : 7222491**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**B. Carolyn Baum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4444 Forest Park Ave  
 City Saint Louis State MO Zip Code 63108-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Univ School of Medicine Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2016  
**Transaction ID : 7222770**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**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 ▼ 212.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2016  
**Transaction ID : 7222771**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<b>TOTAL</b> 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 41
	<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"/>	<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. Gerri Ann Duran**  
Full Name (Last, First, Middle Initial)

Mailing Address 4920 Calle De Tierra Ne

City Albuquerque State NM Zip Code 87111-2927

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

Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 341.69

Date of Receipt 07 / 05 / 2016  
**Transaction ID : 7222772**

Amount of Each Receipt this Period 41.67

Memo Item

**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 ▼ 695.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : 7222774**

Amount of Each Receipt this Period 90.00

Memo Item

**C. Neil Harvison**  
Full Name (Last, First, Middle Initial)

Mailing Address 56 Ridge Rd

City New Milford State CT Zip Code 06776-3131

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

Name of Employer American Occupational Therapy Associat Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 09 / 2016  
**Transaction ID : 7222786**

Amount of Each Receipt this Period 41.67

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.34

**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 15 OF 41
	<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	<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. Denise Marie Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Faircliff Ct  
 City Glendale State CA Zip Code 91206-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GAMC Therapy and Wellness Center Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.69**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 7222787**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

**B. 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 **315.00**

Date of Receipt **07 / 03 / 2016**  
**Transaction ID : 7222788**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Esther Bernice Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Mcclure St  
 City Gonzales State TX Zip Code 78629-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.81**

Date of Receipt **07 / 03 / 2016**  
**Transaction ID : 7222790**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>147.50</b>
<b>TOTAL</b> 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 41
	<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. Anne Elizabeth Dickerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 Planters Walk  
 City Greenville State NC Zip Code 27858-8426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Carolina Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 09 / 2016  
**Transaction ID : 7222791**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. Claudette Stork Reid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5419 Woodmont Dr  
 City Portage State MI Zip Code 49002-0542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Business Network Unit Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.68

Date of Receipt 07 / 08 / 2016  
**Transaction ID : 7222792**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Rita Patricia Fleming-Castaldy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 551 Sudbury St  
 City Marlborough State MA Zip Code 01752-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Scranton Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 06 / 2016  
**Transaction ID : 7222794**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.51
<b>TOTAL</b> 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 41
	<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	<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. Gail Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 1003 S Elmwood Ave

City State Zip Code  
Oak Park IL 60304-2109

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

Name of Employer Occupation  
University of Illinois Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.85

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2016  
**Transaction ID : 7222795**

Amount of Each Receipt this Period  
41.67

Memo Item

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

Mailing Address 7200 Alameda Rd Apt 314

City State Zip Code  
Houston TX 77054-2147

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

Name of Employer Occupation  
Cole Healthcare Services Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.94

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2016  
**Transaction ID : 7222796**

Amount of Each Receipt this Period  
30.42

Memo Item

**C. Rebecca Ann Piazza**  
Full Name (Last, First, Middle Initial)

Mailing Address 12014 Nw 136th St

City State Zip Code  
Alachua FL 32615-6549

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

Name of Employer Occupation  
UF Health Shands Rehab Hospital Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2016  
**Transaction ID : 7222798**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.09
<b>TOTAL</b> 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 41
	<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. Kelly Kelley**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 Fantango Rd

City Durango State CO Zip Code 81301-9204

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

Name of Employer San Juan College Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 7222804**

Amount of Each Receipt this Period 30.42

Memo Item

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

Mailing Address 6345 Julian Rd

City Gainesville State GA Zip Code 30506-6413

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

Name of Employer Essential Therapy Service Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : 7222805**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Barbara Ann Heim**  
Full Name (Last, First, Middle Initial)

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 Complete Rehab Consultants Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : 7222806**

Amount of Each Receipt this Period 200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.42

**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 19 OF 41
	<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	<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. DR Kathleen D Weissberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Beaufort Lane  
 City Milford State DE Zip Code 19963-3780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Endura Care Therapy Mgmt Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **425.85**

Date of Receipt **07 / 17 / 2016**  
**Transaction ID : 72246111**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**B. Carla Sue Wilhite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1434 Adams St Ne  
 City Albuquerque State NM Zip Code 87110-5047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of North Dakota Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **451.40**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : 72246112**  
 Amount of Each Receipt this Period **109.92**  
 Memo Item

**C. Janet M Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1959 Ne Pacific St Box 356490 Rm B  
 City Seattle State WA Zip Code 98195-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Washington Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **243.32**

Date of Receipt **07 / 12 / 2016**  
**Transaction ID : 72246117**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **201.17**  
**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 41
	<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 ▼ 243.32

Date of Receipt 07 / 13 / 2016  
**Transaction ID : 72246124**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

**B. Amy Jo Lamb**  
 Full Name (Last, First, Middle Initial)  
 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 Eastern Michigan Univ. and DBA/ AJ Lam Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.02

Date of Receipt 07 / 13 / 2016  
**Transaction ID : 72246127**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Wendy Welch Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28222 Timber Vlg  
 City Magnolia State TX Zip Code 77355-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brookdale Senior Living Center Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 15 / 2016  
**Transaction ID : 72246132**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.25
<b>TOTAL</b> 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 41
	<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"/>	<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. Jamie Lea McNally**  
Full Name (Last, First, Middle Initial)

Mailing Address 1479 E 688th Rd

City Lawrence State KS Zip Code 66049-9123

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

Name of Employer St. Francis Health Center Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **07 / 17 / 2016**

**Transaction ID : 72246133**

Amount of Each Receipt this Period **30.42**

Memo Item

**B. Louie-Jean Taylor**  
Full Name (Last, First, Middle Initial)

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 Rehab Visions@Grays Harbor Cmnty Hosp. Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 15 / 2016**

**Transaction ID : 72246134**

Amount of Each Receipt this Period **50.00**

Memo Item

**C. Diane P Pickel**  
Full Name (Last, First, Middle Initial)

Mailing Address 12825 S Spoon Creek Rd

City Olathe State KS Zip Code 66061-9697

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

Name of Employer DBA Therapy Associates LLC Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **07 / 17 / 2016**

**Transaction ID : 72246135**

Amount of Each Receipt this Period **30.42**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **110.84**

**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 22 OF 41
	<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. Susan K Goszewski**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Yale New Haven Hosp Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2016  
**Transaction ID : 72246136**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**B. Kimberly Bryze**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Midwestern Univ Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016  
**Transaction ID : 72246137**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Christine C Hay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 Fir Hollow Ln  
 City Lincoln State NE Zip Code 68516-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rehab Care Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016  
**Transaction ID : 72246139**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	151.25
<b>TOTAL</b> 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 41
	<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. Pamela Ellen Toto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7008 Lyons View Ct  
City Murrysville State PA Zip Code 15668-1056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ of Pittsburgh Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.94**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : 72246140**  
Amount of Each Receipt this Period **30.42**  
 Memo Item

**B. 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 University of Missouri Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **381.69**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : 72246142**  
Amount of Each Receipt this Period **41.67**  
 Memo Item

**C. Amy B Ammann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7221 Ridge Line Cir  
City Dexter State MI Zip Code 48130-8590  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 11 / 2016**  
**Transaction ID : 72246162**  
Amount of Each Receipt this Period **400.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **472.09**  
**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 24 OF 41
	<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. Yvonne Michelle 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 ▼ **795.00**

Date of Receipt **07 / 11 / 2016**

**Transaction ID : 72246175**

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address 11461 Segrell Way

City Culver City State CA Zip Code 90230-5357

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

Name of Employer Univ of Southern California Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 12 / 2016**

**Transaction ID : 72246227**

Amount of Each Receipt this Period **100.00**

Memo Item

**C. Cynthia F Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Forest Dr

City Flemington State NJ Zip Code 08822-3361

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

Name of Employer OT Consultants Inc Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **07 / 13 / 2016**

**Transaction ID : 72246243**

Amount of Each Receipt this Period **1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1200.00**

**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 26 OF 41
	<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. Jeanenne M Dallas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3437 Cambridge Ave  
 City State Zip Code  
 Maplewood MO 63143-4214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Washington Univ Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : 72471640**  
 Amount of Each Receipt this Period  
 30.38  
 Memo Item

**B. Jayna J Fischbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 S Prairie View Dr Apt 1134  
 City State Zip Code  
 West Des Moines IA 50266-6927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Drake University Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471641**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Harriett Smith Bynum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Cottonwood Dr  
 City State Zip Code  
 Oakdale PA 15071-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kent State University, East Liverpool Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : 72471642**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.80
<b>TOTAL</b> 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 27 OF 41
	<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. Kory Jean Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 1st St Sw

City Watertown State SD Zip Code 57201-4210

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

Name of Employer Lake Area Technical Institute Occupation Occupational Therapy Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.90

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 72471643**

Amount of Each Receipt this Period 30.42

Memo Item

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

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 Superior Therapy Services Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471644**

Amount of Each Receipt this Period 30.42

Memo Item

**C. MR Allen Scott Keener**  
Full Name (Last, First, Middle Initial)

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 Wallace State Community College Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 72471645**

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: (check only one)	PAGE 28 OF 41
	<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. Catherine Patricia Brady**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24409 S Meadowood Rd  
 City State Zip Code  
 Crete IL 60417-9715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Governors State University Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471649**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**B. Mary Margaret Arnold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1119 Maysville Ave  
 City State Zip Code  
 Zanesville OH 43701-5557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Zane State College Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2016  
**Transaction ID : 72471650**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

**C. Janet Sue Jedlicka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 Breezy Hills Cv  
 City State Zip Code  
 Grand Forks ND 58201-7919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of North Dakota Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : 72471651**  
 Amount of Each Receipt this Period  
 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<b>TOTAL</b> 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 29 OF 41
	<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"/>	<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. Lisa Kay Iffland**  
 Full Name (Last, First, Middle Initial)  
 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 Wright College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.90**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72471652**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**B. Kristie Patten Koenig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 N Jackson St  
 City Media State PA Zip Code 19063-2553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Temple University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.90**

Date of Receipt **07 / 24 / 2016**  
**Transaction ID : 72471653**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**C. 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 **520.00**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72471654**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>425.84</b>
<b>TOTAL</b> 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 30 OF 41
	<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. Sheri Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Clermont Ct  
 City State Zip Code  
 Palm Coast FL 32137-8926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of St. Augustine Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 805.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2016  
**Transaction ID : 72471657**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. MRS Janelle Marie Hatlevig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1056 River Bluff Rd Se  
 City State Zip Code  
 Mazeppa MN 55956-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mayo Clinic 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  
 07 / 18 / 2016  
**Transaction ID : 72471658**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Susan J Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2124 Sunset Blvd  
 City State Zip Code  
 San Diego CA 92103-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Therapy Specialists Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 341.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : 72471672**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.67
<b>TOTAL</b> 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 31 OF 41
	<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. Guy Louis McCormack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 774 23rd Ave  
 City San Francisco State CA Zip Code 94121-3710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Samuel Merritt Univ. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **421.69**

Date of Receipt **07 / 20 / 2016**  
**Transaction ID : 72471673**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

**B. Michael Thomas Berthelette**  
 Full Name (Last, First, Middle Initial)  
 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 BMR Health Services, Inc. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **740.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 72471674**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Mr. Scott David Nordquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11874 Canterbury Dr.  
 City Sterling Heights State MI Zip Code 48312-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. John's Hospital Occupation Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.90**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72471675**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **172.09**  
**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 32 OF 41
	<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. MR Jesse Valdez Chavez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 1901  
 City Mesilla Park State NM Zip Code 88047-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gadsden Independent District Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **425.81**

Date of Receipt **07 / 24 / 2016**  
**Transaction ID : 72471676**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**B. Rebecca E Argabrite Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41718 Browns Farm Ln  
 City Leesburg State VA Zip Code 20176-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Occupational Therapy Associat Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 24 / 2016**  
**Transaction ID : 72471678**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

**C. Amy Jo Lamb**  
 Full Name (Last, First, Middle Initial)  
 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 Eastern Michigan Univ. and DBA/ AJ Lam Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **521.69**

Date of Receipt **07 / 24 / 2016**  
**Transaction ID : 72471680**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>142.50</b>
<b>TOTAL</b> 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 33 OF 41
	<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. Diana Jean Baldwin**

Mailing Address 2117 S El Chaparral Ave

City Columbia State MO Zip Code 65201-9415

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

Name of Employer Univ of Missouri-Columbia Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **07 / 22 / 2016**

**Transaction ID : 72471681**

Amount of Each Receipt this Period **30.42**

Memo Item

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

Mailing Address 1 Hermann Park Ct Apt 432

City Houston State TX Zip Code 77021-2293

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

Name of Employer M.D. Anderson Cancer Center Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.85**

Date of Receipt **07 / 19 / 2016**

**Transaction ID : 72471683**

Amount of Each Receipt this Period **60.87**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Carol Siebert**

Mailing Address 304 Forbush Mountain Dr

City Chapel Hill State NC Zip Code 27514-1907

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

Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.90**

Date of Receipt **07 / 21 / 2016**

**Transaction ID : 72471684**

Amount of Each Receipt this Period **30.42**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **121.71**

**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 34 OF 41
	<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. Dawn Albarado Sonnier**  
 Full Name (Last, First, Middle Initial)  
 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 DHH NORTHLAKE SUPPORTS AND SERVICE Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.85**

Date of Receipt **07 / 24 / 2016**  
**Transaction ID : 72471685**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**B. Amy L Vincent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8743 Hathaway Rd  
 City Kalamazoo State MI Zip Code 49009-6931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Therapy Place, LLC Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : 72755723**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item

**C. Sheri Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Clermont Ct  
 City Palm Coast State FL Zip Code 32137-8926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of St. Augustine Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **916.66**

Date of Receipt **07 / 26 / 2016**  
**Transaction ID : 72874984**  
 Amount of Each Receipt this Period **111.11**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>371.94</b>
<b>TOTAL</b> 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 35 OF 41
	<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 Kay Currie**  
Full Name (Last, First, Middle Initial)

Mailing Address 3548 Weddell St

City Dearborn State MI Zip Code 48124-3840

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

Name of Employer Detroit Medical Center Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt **07 / 25 / 2016**

**Transaction ID : 72875288**

Amount of Each Receipt this Period **300.00**

Memo Item

**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 ▼ **304.13**

Date of Receipt **07 / 30 / 2016**

**Transaction ID : 72875695**

Amount of Each Receipt this Period **60.83**

Memo Item

**C. Penelope A Moyers Cleveland**  
Full Name (Last, First, Middle Initial)

Mailing Address 575 Cleveland Ave S Apt 10

City Saint Paul State MN Zip Code 55116-1261

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

Name of Employer St. Catherine Univ Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **262.90**

Date of Receipt **07 / 27 / 2016**

**Transaction ID : 72875704**

Amount of Each Receipt this Period **30.42**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>391.25</b>
<b>TOTAL</b> 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 36 OF 41
	<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. Nathan Bernard Herz**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Baldwin Blvd

City Fishersville State VA Zip Code 22939-2375

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

Name of Employer Georgia Health Sciences Univ. Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72875709**

Amount of Each Receipt this Period 30.42

Memo Item

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

Mailing Address 8544 Window Latch Way

City Columbia State MD Zip Code 21045-5637

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

Name of Employer Towson Univ. Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.90

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72875712**

Amount of Each Receipt this Period 30.42

Memo Item

**C. Carol Rose Scheerer**  
Full Name (Last, First, Middle Initial)

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 Xavier University Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.85

Date of Receipt 07 / 25 / 2016  
**Transaction ID : 72875717**

Amount of Each Receipt this Period 60.83

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: (check only one)	PAGE 37 OF 41
	<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)**

**A. MRS Sarah McKinnon**  
 Full Name (Last, First, Middle Initial)  
 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 Mass. General Hospital Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **435.00**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : 72875728**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Joseph Kennedy Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2402 Mission Hill Dr  
 City Perrysburg State OH Zip Code 43551-6239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The SAI Group Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt **07 / 31 / 2016**  
**Transaction ID : 72875738**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**C. Claudia Joyce Cirrincione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 S Meadow Ct  
 City S Barrington State IL Zip Code 60010-9554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Illinois Community School District 303 Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : 72976983**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>990.00</b>
<b>TOTAL</b> 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 38 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Laurel Cargill Radley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Carl Slagle Rd  
 City Franklin State NC Zip Code 28734-7814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Community College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : 72977032**  
 Amount of Each Receipt this Period **135.00**  
 Memo Item

**B. Deborah A Buchanan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 N 60th St  
 City Brown Deer State WI Zip Code 53223-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DBA Kids Discover Success Therapeutics Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : 72990492**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

**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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>7868.05</b>

# 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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement  
bank fees on checking account

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

Transaction ID : 72471460

Amount of Each Disbursement this Period

346.55
--------

Memo Item  
bank fees on checking account

Full Name (Last, First, Middle Initial)

### B.

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

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

### C.

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

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

Amount of Each Disbursement this Period

--

Memo Item

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

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

346.55
--------

346.55
--------

**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. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St Se  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Linda T. Sanchez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : 72757807**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Elise For Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Elise Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : 72757808**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name

**Rep. David E. Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : 72757810**

Amount of Each Disbursement this Period

1000.00

Memo Item  
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)

<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. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

**Transaction ID : 72757811**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

**Transaction ID : 72757812**

Amount of Each Disbursement this Period

1500.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

5500.00