

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

ADDRESS (number and street) 4720 Montgomery Lane, Suite 200
Check if different than previously reported. (ACC) Bethesda MD 20814-3449

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00089086 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [03] / [01] / [2018] through [03] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Metzler, Christina A., , ,
Type or Print Name of Treasurer

Signature of Treasurer Metzler, Christina A., , , [Electronically Filed] Date [04] / [17] / [2018]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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="2018"/> | | 72779.36 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 55480.00 | |
| (c) Total Receipts (from Line 19) | 21837.41 | 43439.22 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 77317.41 | 116218.58 |
| 7. Total Disbursements (from Line 31)..... | - 727.35 | 38173.82 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 78044.76 | 78044.76 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

| 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)..... | 6566.25 | 10671.25 |
| (ii) Unitemized | 15258.16 | 32726.69 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 21824.41 | 43397.94 |
| (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) | 21824.41 | 43397.94 |
| 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.)..... | 13.00 | 41.28 |
| 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)).....▶ | 21837.41 | 43439.22 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 21837.41 | 43439.22 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 272.65 | 973.82 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 272.65 | 973.82 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | - 1000.00 | 37200.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | - 727.35 | 38173.82 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | - 727.35 | 38173.82 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 21824.41 | 43397.94 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21824.41 | 43397.94 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 272.65 | 973.82 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 272.65 | 973.82 |

**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 15 |
| <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 (AOT PAC)

A. Randall, Yvonne, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro University Nevada Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 03 / 01 / 2018
Transaction ID : 77362127
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Lamb, Amy, Jo, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7024 N Meadows Way
 City Dexter State MI Zip Code 48130-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Michigan Univ. and DBA/ AJ Lam Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.66

Date of Receipt 03 / 05 / 2018
Transaction ID : 77362133
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Lamb, Amy, Jo, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7024 N Meadows Way
 City Dexter State MI Zip Code 48130-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Michigan Univ. and DBA/ AJ Lam Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 281.66

Date of Receipt 03 / 05 / 2018
Transaction ID : 77362138
 Amount of Each Receipt this Period 80.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 250.00 |
| 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 7 OF 15 |
| <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. Robinson, Monica, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 W 10th Ave, 406b
 City Columbus State OH Zip Code 43210-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 09 / 2018**
Transaction ID : 77381562
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Partridge, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4267 Embassy Park Dr Nw
 City Washington State DC Zip Code 20016-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Occupational Therapy Associat Occupation (for Individual) ASSOCIATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **03 / 10 / 2018**
Transaction ID : 77381590
 Amount of Each Receipt this Period 500.00
 Memo Item

C. O'Hayer, Betsy, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 Pond Factory Rd
 City Woodstock State CT Zip Code 06281-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Day Kimball Hospital Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **03 / 14 / 2018**
Transaction ID : 77424270
 Amount of Each Receipt this Period 365.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 965.00 |
| 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 8 OF 15 |
| <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. Skidmore, Elizabeth, Renee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Hoffman St
 City Glenshaw State PA Zip Code 15116-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **03 / 12 / 2018**
Transaction ID : 77424316
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Cronin, Anne, Frances, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 9139
 City Morgantown State WV Zip Code 26506-9139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **03 / 12 / 2018**
Transaction ID : 77424329
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bryze, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4001 Elm St
 City Downers Grove State IL Zip Code 60515-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwestern Univ Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 77424357
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| 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 9 OF 15 |
| <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. Hinds, Janice, Diane, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3520 W Oxford Ave

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80236-3108 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Col Dept of Human Services, Col Mental | Occupation (for Individual) Occupational Therapist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
170.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2018 |

Transaction ID : 77462627

Amount of Each Receipt this Period
20.00

Memo Item

B. Hinds, Janice, Diane, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3520 W Oxford Ave

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80236-3108 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Col Dept of Human Services, Col Mental | Occupation (for Individual) Occupational Therapist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2018 |

Transaction ID : 77462643

Amount of Each Receipt this Period
50.00

Memo Item

C. Stoffel, Virginia, Carroll, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8640 N Pelham Pkwy

| | | |
|-------------------|-------------|------------------------|
| City Milwaukee | State WI | Zip Code 53217-2445 |
|-------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Univ. of Wisconsin - Milwaukee | Occupation (for Individual) Occupational Therapist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
780.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 16 | / | 2018 |

Transaction ID : 77462683

Amount of Each Receipt this Period
730.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 800.00 |
| 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 10 OF 15 |
| <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. Fisher, Thomas, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 S Ironwood Dr
 City Mishawaka State IN Zip Code 46544-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2018
Transaction ID : 77462752
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cirrincione, Claudia, Joyce, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) St. Charles Community School district Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 19 / 2018
Transaction ID : 77462755
 Amount of Each Receipt this Period 550.00
 Memo Item

C. Owsley, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Johnson Ave
 City Thermopolis State WY Zip Code 82443-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fremont County Schools & Synertx Rehab Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 20 / 2018
Transaction ID : 77462773
 Amount of Each Receipt this Period 375.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1175.00 |
| 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 11 OF 15 |
| <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. Lamb, Amy, Jo, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7024 N Meadows Way
 City Dexter State MI Zip Code 48130-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Michigan Univ. and DBA/ AJ Lam Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 342.49

Date of Receipt **03 / 24 / 2018**
Transaction ID : 77462871
 Amount of Each Receipt this Period 60.83
 Memo Item

B. Randall, Yvonne, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro University Nevada Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **03 / 20 / 2018**
Transaction ID : 77462880
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Berthelette, Michael, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 S Cameron Ave
 City Tampa State FL Zip Code 33611-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMR Health Services, Inc. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 77462916
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 180.83 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 15 |
| <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. Kroll, Christine, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1528 Chase Blvd

| | | |
|-------------------|-------------|------------------------|
| City Greenwood | State IN | Zip Code 46142-1559 |
|-------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Healthcare Therapy Service | Occupation (for Individual) Occupational Therapist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
591.22

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 29 | / | 2018 |

Transaction ID : 77509515

Amount of Each Receipt this Period
500.00

Memo Item

B. Kovanis, Jennifer, Fitzgerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Amster Green Dr

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30350-4139 |
|-----------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) DBA Premier Children's Therapy Center | Occupation (for Individual) Occupational Therapist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2018 |

Transaction ID : 77509517

Amount of Each Receipt this Period
750.00

Memo Item

C. Rosee, Marilyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 E 68th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10065-5692 |
|------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) DBA Therapeutic Resources | Occupation (for Individual) Occupational Therapist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2018 |

Transaction ID : 77509520

Amount of Each Receipt this Period
365.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1615.00 |
| 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 13 OF 15 |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | | <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. Young, Debra, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Syracuse Drive

| | | |
|----------------|-------------|------------------------|
| City Newark | State DE | Zip Code 19713-8101 |
|----------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) EmpowerAbility, LLC | Occupation (for Individual) Occupational Therapist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.84

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2018 |

Transaction ID : 77509538

Amount of Each Receipt this Period
30.42

Memo Item

B. Phipps, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3827 Evans St #6

| | | |
|---------------------|-------------|------------------------|
| City Los Angeles | State CA | Zip Code 90027-3370 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Rancho Las Amigos National Rehab Cente | Occupation (for Individual) Occupational Therapist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2018 |

Transaction ID : 77509546

Amount of Each Receipt this Period
500.00

Memo Item

C. Barnes, Karin, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6318 Welles Glenn Cir

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78240-4903 |
|---------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) UT Health San Anteero | Occupation (for Individual) Occupational Therapist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
515.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 30 | / | 2018 |

Transaction ID : 77509618

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1030.42 |
| TOTAL This Period (last page this line number only)..... | 6566.25 |

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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City
Atlanta

State
GA

Zip Code
30302

Purpose of Disbursement
Bank Fees on Account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77389877

Amount of Each Disbursement this Period

Bank Fees on Account

Memo Item

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

/ /

FEC Identification Number

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Pat Meehan For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 50 S Providence Rd

City Media State PA Zip Code 19063

Purpose of Disbursement
Void - Pat Meehan For Congress

Candidate Name
Meehan, Patrick, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 07

Date of Disbursement: 03 / 29 / 2018

FEC Identification Number: C00466870
Transaction ID : 77576857

Amount of Each Disbursement this Period: - 1000.00

Void - Pat Meehan For Congress

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | - 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | - 1000.00 |