

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

Office Use Only

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

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00089086

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2010

through

03

31

2010

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

Type or Print Name of Treasurer

Christina A. Metzler

Signature of Treasurer

Electronically Filed by Christina A. Metzler

Date

04

19

2010

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		132896.92
(b) Cash on Hand at Beginning of Reporting Period	100221.53	
(c) Total Receipts (from Line 19)	9929.67	29388.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	110151.20	162285.91
7. Total Disbursements (from Line 31)	24794.78	76929.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85356.42	85356.42
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 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

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	290.00	2697.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	9616.85	26619.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9906.85	29316.76
(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)	9906.85	29316.76
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.)	22.82	72.23
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9929.67	29388.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9929.67	29388.99

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	294.78	929.49	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	294.78	929.49	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	76000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	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.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24794.78	76929.49	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24794.78	76929.49	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	9906.85	29316.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9906.85	29316.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	294.78	929.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	294.78	929.49

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

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

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Susan Bruch Nochajski

Mailing Address 41 Matejko St

City

Buffalo

State

NY

Zip Code

14206-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Buffalo, SU-
NY

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: 33829730

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Deborah Ann Murphy-Fischer

Mailing Address 5063 La Costa Island Ct

City

Punta Gorda

State

FL

Zip Code

33950-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: 33980655

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Susan J Harris

Mailing Address 2124 Sunset Blvd

City

San Diego

State

CA

Zip Code

92103-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapy Specialists

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 34196487

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

290.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)**A.**

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City
OrlandoState
FLZip Code
32862-2227Purpose of Disbursement
Federal Income Tax for 2009

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33902208

Date of Disbursement

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

Amount of Each Disbursement this Period

42.00

Federal Income Tax for 20-09

B.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City
OrlandoState
FLZip Code
32862-2227Purpose of Disbursement
bank fees on account

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33980295

Date of Disbursement

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

Amount of Each Disbursement this Period

234.78

bank fees on account

SUBTOTAL of Disbursements This Page (optional)

276.78

TOTAL This Period (last page this line number only)

276.78

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns	Transaction ID: 34026339 Date of Disbursement
Mailing Address PO Box 308	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Silver Springs State FL Zip Code 34489 Purpose of Disbursement campaign contribution Candidate Name Rep. Clifford B. Stearns	Amount of Each Disbursement this Period <div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type campaign contribution
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc.	Transaction ID: 34026340 Date of Disbursement
Mailing Address PO Box 80126	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Lafayette State LA Zip Code 70598 Purpose of Disbursement campaign contribution Candidate Name Rep. Charles W. Boustany, Jr.	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type campaign contribution
C. Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez	Transaction ID: 34026341 Date of Disbursement
Mailing Address 1212 S. Victory Blvd. Suite 211	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Burbank State CA Zip Code 91502 Purpose of Disbursement campaign contribution Candidate Name Rep. Loretta Sanchez	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type campaign contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Buck McKeon For Congress	Transaction ID: 34026342 Date of Disbursement
Mailing Address 23942 Lyons Ave #105	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Santa Clarita State CA Zip Code 91321	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1000.00</div>
Candidate Name Rep. Howard P. McKeon	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	
B. Full Name (Last, First, Middle Initial) Wyden For Senate	Transaction ID: 34026343 Date of Disbursement
Mailing Address 232 Ne 9th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1000.00</div>
Candidate Name Sen. Ron Wyden	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	
C. Full Name (Last, First, Middle Initial) Schakowsky For Congress	Transaction ID: 34026344 Date of Disbursement
Mailing Address P.O. Box 5130	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Evanston State IL Zip Code 60204	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>500.00</div>
Candidate Name Rep. Janice D. Schakowsky	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)

A. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: 34026345 Date of Disbursement																				
Mailing Address 175 South West Temple Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution Candidate Name Sen. Robert F. Bennett	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: UT District:	011 Category/ Type campaign contribution																				
B. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 34026346 Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution Candidate Name Rep. Earl Pomeroy	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: ND District: 01	011 Category/ Type campaign contribution																				
C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010	Transaction ID: 34026347 Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution Candidate Name Rep. David Lee Camp	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MI District: 04	011 Category/ Type 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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 34026348 Date of Disbursement
Mailing Address PO Box 3176	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1000.00</div>
Candidate Name Rep. Frank Pallone, Jr.	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	
B. Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 34026349 Date of Disbursement
Mailing Address PO Box 23940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1000.00</div>
Candidate Name Rep. Lois Capps	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	
C. Full Name (Last, First, Middle Initial) Kildee For Congress Committee	Transaction ID: 34026350 Date of Disbursement
Mailing Address P.O. Box 317	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 0</div> </div>
City Flint State MI Zip Code 48501	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1000.00</div>
Candidate Name Rep. Dale E. Kildee	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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

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<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)

A. Full Name (Last, First, Middle Initial) Mcnerney For Congress	Transaction ID: 34026351 Date of Disbursement																				
Mailing Address 6520 Village Parkway Second Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution Candidate Name Rep. Jerry Mcnerney	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type campaign contribution																				
B. Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy	Transaction ID: 34026352 Date of Disbursement																				
Mailing Address 151 Linden Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution Candidate Name Rep. Carolyn McCarthy	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type campaign contribution																				
C. Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro	Transaction ID: 34138420 Date of Disbursement																				
Mailing Address 12 Trumbull Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution Candidate Name Rep. Rosa L. DeLauro	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type 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
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress Mailing Address P O Box 52-2784	Transaction ID: 34138421 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div>
City State Zip Code Miami FL 33152 Purpose of Disbursement campaign contribution Candidate Name Rep. Ileana Ros-Lehtinen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 18	Amount of Each Disbursement this Period <div>1000.00</div> campaign contribution
B. Full Name (Last, First, Middle Initial) Crowley For Congress Mailing Address 84-56 Grand Avenue City State Zip Code Elmhurst NY 11373 Purpose of Disbursement campaign contribution Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 07	Transaction ID: 34138423 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> campaign contribution
C. Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc Mailing Address 607 14th Street Nw Suite 800 Suite 1434 City State Zip Code Washington DC 20005 Purpose of Disbursement campaign contribution Candidate Name Sen. Mary L. Landrieu Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District:	Transaction ID: 34138426 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> 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**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress	Transaction ID: 34138431 Date of Disbursement
Mailing Address 22 West Padonia Road Suite C-141	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div>
City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1000.00</div>
Candidate Name Rep. C.A. Dutch Ruppersberger	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	
B. Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 34138432 Date of Disbursement
Mailing Address P.O. Box 1776	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div>
City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1500.00</div>
Candidate Name Rep. Jason Altmire	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	
C. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 34185244 Date of Disbursement
Mailing Address PO Box 360	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 0</div> </div>
City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution	<div>1500.00</div>
Candidate Name Rep. Michael Avery Ross	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
campaign contribution	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<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
(AOTPAAC)**A.**

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549

City
NapoleonvilleState
LAZip Code
70390Purpose of Disbursement
campaign contributionCandidate Name
Mr. Charles Melancon011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: 34185245

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)

People For Patty Murray

Mailing Address PO Box 3662

City
SeattleState
WAZip Code
98124Purpose of Disbursement
campaign contributionCandidate Name
Sen. Patty Murray011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 34185247

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

24500.00

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

Use separate schedule(s)
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<input 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 checked="" 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.

Full Name (Last, First, Middle Initial)

Joann C Kennedy

Mailing Address 5229 Richardson Dr

City State Zip Code
Fairfax VA 22032-3930

Purpose of Disbursement
Void - Joann C Kennedy - check never cashed - assumed lost

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 34138542

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

-200.00

Void - Joann C Kennedy -
check never cashed - assumed lost

B.

Full Name (Last, First, Middle Initial)

Joann C Kennedy

Mailing Address 5229 Richardson Dr

City State Zip Code
Fairfax VA 22032-3930

Purpose of Disbursement
refund LLC check - original refunded check assumed lost

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 34138543

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

200.00

refund LLC check - original
refunded check assumed lost

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00