

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 lines
The 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** 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 04 01 2009 through 04 30 2009

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 05 12 2009

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)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		92142.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	47163.19									
(c) Total Receipts (from Line 19)	24762.25	47307.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71925.44	139449.32								
7. Total Disbursements (from Line 31)	192.90	67716.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71732.54	71732.54								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	5800.00	6965.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	18944.61	40248.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24744.61	47213.52
(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)	24744.61	47213.52
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.)	17.64	93.57
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))	24762.25	47307.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24762.25	47307.09

DETAILED SUMMARY PAGE

of Disbursements

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.....	192.90	1035.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	192.90	1035.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	66000.00
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	681.00
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))..	192.90	67716.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	192.90	67716.78

DETAILED SUMMARY PAGE
of Disbursements

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)	24744.61	47213.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24744.61	47213.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	192.90	1035.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	192.90	1035.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 6 / 13	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Linda L Orr	Date of Receipt MM / DD / YYYY 04 / 02 / 2009
	Mailing Address 504 W Illinois	Transaction ID: 29356989
	City State Zip Code New Berlin IL 62670-4308	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lewis & Clark Community College Occupational Therapist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

B.	Full Name (Last, First, Middle Initial) Sandra Hanebrink	Date of Receipt MM / DD / YYYY 04 / 08 / 2009
	Mailing Address 707 Sunny Shore Ln	Transaction ID: 29479574
	City State Zip Code Anderson SC 29621-3445	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wheeldogs Occupational Therapist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00

C.	Full Name (Last, First, Middle Initial) Donna D Hopkins	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 306 W Harvey St	Transaction ID: 29657389
	City State Zip Code McAllen TX 78501-2078	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LiHallmark Rehab Occupational Therapist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
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: PAGE 7 / 13
(check only one)

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

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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)
Mary Collins Guenzel

Mailing Address 2504 Hillside Dr

City Laramie State WY Zip Code 82070-4844

FEC ID number of contributing federal political committee. C

Name of Employer Ark Regional Services Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2009

Transaction ID: 29672408

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Debra Ann Hines

Mailing Address 3982 E Herrera Dr

City Phoenix State AZ Zip Code 85050-5465

FEC ID number of contributing federal political committee. C

Name of Employer Scottsdale Fiesta Pediatric Therapy Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29795555

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Lawrence E Zachow

Mailing Address 1602 E Strong St

City Pensacola State FL Zip Code 32501-3458

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 ▼ 365.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 29795557

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 980.00

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: PAGE 8 / 13
(check only one)

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

Mailing Address 29 Forest Dr

City State Zip Code
Flemington NJ 08822-3361

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

Name of Employer Occupation
OT Consultants Inc Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 29795558

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Rebecca Ann Robinson-Brown

Mailing Address 6113 Chinaberry Dr

City State Zip Code
Columbus OH 43213-3323

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

Name of Employer Occupation
DBA Robinson-Brown and Associates Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29813370

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mary Kay Currie

Mailing Address 3548 Weddell St

City State Zip Code
Dearborn MI 48124-3840

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

Name of Employer Occupation
Detroit Medical Center Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 29813372

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

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: PAGE 9 / 13
(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)
 Marc Schaffer
 Mailing Address 4820 Emerald Ln
 City Brunswick State OH Zip Code 44212-1175
 Date of Receipt MM / DD / YYYY
04 / 24 / 2009
Transaction ID: 29813373
 Amount of Each Receipt this Period
365.00
 FEC ID number of contributing federal political committee. C
 Name of Employer St. Augustine Health Camp- us Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
405.00

B. Full Name (Last, First, Middle Initial)
 Shawn Christopher Phipps
 Mailing Address 3827 Evans St Apt 6
 City Los Angeles State CA Zip Code 90027-3370
 Date of Receipt MM / DD / YYYY
04 / 24 / 2009
Transaction ID: 29813375
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Racho Los Amigos Natl Reh- ab Center Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
290.00

C. Full Name (Last, First, Middle Initial)
 Signian Mcgeary
 Mailing Address 106 Sloper Ln
 City Cheshire State CT Zip Code 06410-1532
 Date of Receipt MM / DD / YYYY
04 / 24 / 2009
Transaction ID: 29813378
 Amount of Each Receipt this Period
200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Quinnipiac Univ Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
290.00

SUBTOTAL of Receipts This Page (optional) 815.00
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 / 13
	<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 (AOTPAC)

A.	Full Name (Last, First, Middle Initial) Shelly Jerrine Lane		Date of Receipt
	Mailing Address 3004 Sagebrook PI		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Midlothian	VA	23112-4235
	FEC ID number of contributing federal political committee. C		Transaction ID: 29852962
Name of Employer Virginia Commonwealth Univ		Occupation Occupational Therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Frank E Gainer		Date of Receipt
	Mailing Address 1447 Corcoran St Nw		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20009-3803
	FEC ID number of contributing federal political committee. C		Transaction ID: 29852963
Name of Employer American Occupational Therapy Assoc.		Occupation Occupational Therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Chuck Partridge		Date of Receipt
	Mailing Address 4720 Montgomery Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Bethesda	MD	20814-5320
	FEC ID number of contributing federal political committee. C		Transaction ID: 29852964
Name of Employer American Occupational Therapy Associat		Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1095.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 13
(check only one)

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

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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)
Patricia Ann Crist

Mailing Address 10195 Grubbs Rd

City State Zip Code
Wexford PA 15090-9649

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

Name of Employer Occupation
Duquesne University Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 9

Transaction ID: 29852965

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Monica Lee Robinson

Mailing Address 368 W 6th Ave

City State Zip Code
Columbus OH 43201-3135

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

Name of Employer Occupation
HCR Manor Care 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 4 / 2 8 / 2 0 0 9

Transaction ID: 29859994

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Signian Mcgeary

Mailing Address 106 Sloper Ln

City State Zip Code
Cheshire CT 06410-1532

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

Name of Employer Occupation
Quinnipiac Univ Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29859998

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶ **455.00**

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

A.	Full Name (Last, First, Middle Initial) Penelope A Moyers Cleveland		Date of Receipt																					
	Mailing Address 516 2nd Ave		<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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	8		2	0	0	9														
	City	State	Zip Code	Transaction ID: 29860003																				
	Pleasant Grove	AL	35127-1757	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	60.00																					
Name of Employer Univ of Alabama at Birmingham		Occupation Occupational Therapist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	240.00																					

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	5800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<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
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees on account

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 29863676

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

192.90

bank fees on account

SUBTOTAL of Disbursements This Page (optional)

192.90

TOTAL This Period (last page this line number only)

192.90