

**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

2011

through

03

31

2011

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

11

2011

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
(AOTPAAC)

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		73996.72
(b) Cash on Hand at Beginning of Reporting Period	60888.29	
(c) Total Receipts (from Line 19)	8766.66	20778.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69654.95	94775.04
7. Total Disbursements (from Line 31)	12302.03	37422.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57352.92	57352.92
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

FEC Form 3X (Rev. 06/2004)

Page 3

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 W Y
0 3 0 1 2 0 1 1

To:

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

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)	1895.00	4295.00
(ii) Unitemized	6854.79	16428.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8749.79	20723.34
(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)	8749.79	20723.34
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.)	16.87	54.98
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))	8766.66	20778.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8766.66	20778.32

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.....	182.03	602.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	182.03	602.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	35700.00	
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	800.00	800.00	
(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))	800.00	800.00	
29. Other Disbursements.....	320.00	320.00	
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))..	12302.03	37422.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12302.03	37422.12	

III. Net Contributions/Operating Expenditures	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8749.79	20723.34
34. Total Contribution Refunds (from Line 28(d))	800.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7949.79	19923.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	182.03	602.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.03	602.12

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)

☒ 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)

Shawn Christopher Phipps

Mailing Address 3827 Evans St Apt 6

City

Los Angeles

State

CA

Zip Code

90027-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Crity Dept of
Public Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

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

Transaction ID: 38935990

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Eva E Dillard

Mailing Address 440 Lafayette Pl, NE

City

Albuquerque

State

NM

Zip Code

87106-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 39422754

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Jennifer C Johnson

Mailing Address 1126 N Cedar St

City

Abilene

State

KS

Zip Code

67410-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geary Rehab & Fitness Cen-
ter

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 39478867

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1340.00

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)

☒ 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)

Paul Andre Fontana

Mailing Address 709 Kaliste Saloom Rd

City

Lafayette

State

LA

Zip Code

70508-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA The Fontana Center,
Center For Wor

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 1

Transaction ID: 39478905

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: 39478967

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Eva E Dillard

Mailing Address 440 Lafayette Pl, NE

City

Albuquerque

State

NM

Zip Code

87106-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: 39619172

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$800.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)

555.00

TOTAL This Period (last page this line number only)

1895.00

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 8 / 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 (AOTPA)

A. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 39202769 Date of Disbursement																				
Mailing Address PO Box 4418, Mail Code 1948	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Atlanta State GA Zip Code 30302	Amount of Each Disbursement this Period																				
Purpose of Disbursement Federal Taxes 2010 - 1120-POL	<table border="1"> <tr> <td>70.00</td> </tr> </table>	70.00																			
70.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Federal Taxes 2010 - 1120-POL																				
B. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 39250105 Date of Disbursement																				
Mailing Address PO Box 4418, Mail Code 1948	<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>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												
City Atlanta State GA Zip Code 30302	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - SunTrust Bank-IRS no longer accepts tax payment at bank	<table border="1"> <tr> <td>-70.00</td> </tr> </table>	-70.00																			
-70.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - SunTrust Bank-IRS no longer accepts tax payment at bank																				
C. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 39477774 Date of Disbursement																				
Mailing Address PO Box 4418, Mail Code 1948	<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>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Atlanta State GA Zip Code 30302	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank fees on account	<table border="1"> <tr> <td>166.03</td> </tr> </table>	166.03																			
166.03																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Bank fees on account																				

SUBTOTAL of Disbursements This Page (optional)

166.03

TOTAL This Period (last page this line number only)

166.03

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 13

☐ 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)

National Republican Congressional Committee (NRCC)

Mailing Address 320 1st St., SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
campaign contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39288097

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

5000.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)

Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Thomas Edmunds Price, M.D.

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 39411915

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

campaign contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Glenn Thompson

Mailing Address PO Box 1112

City
State College

State
PA

Zip Code
16804

Purpose of Disbursement
campaign contribution

Candidate Name

Mr. Glenn Thompson

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 05

Transaction ID: 39411916

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

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)

PAGE 10 / 13

<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)

Nelson 2012

Mailing Address PO Box 8666

City
Omaha

State
NE

Zip Code
68108

Purpose of Disbursement
campaign contribution

Candidate Name
Sen. Ben Nelson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: 39411917

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)

Giffords For Congress

Mailing Address PO Box 12886

City
Tucson

State
AZ

Zip Code
85732

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Gabrielle Giffords

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: 39411919

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

campaign contribution

C.

Full Name (Last, First, Middle Initial)

Gardner For Congress

Mailing Address PO Box 2408

City
Loveland

State
CO

Zip Code
80539

Purpose of Disbursement
campaign contribution

Candidate Name
Cory Gardner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: 39411920

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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)

Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Carolyn McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 04

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 39411922

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

11000.00

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 12 / 13

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kennedy for Senate

Mailing Address PO Box 73

City
Buffalo

State
NY

Zip Code
14220

Purpose of Disbursement

Tim Kennedy, STATE SENATE 58 NY campaign contribution

Candidate Name

Tim Kennedy

011
Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: NY

District:

Transaction ID: 39411918

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2011

Amount of Each Disbursement this Period

250.00

Tim Kennedy, STATE SENATE
58 NY campaign contributi-
on

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

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 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
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Eva E Dillard

Mailing Address 440 Lafayette Pl, NE

City
Albuquerque

State
NM

Zip Code
87106-2140

Purpose of Disbursement
refund contribution deposited by bank - not a member of AOTA

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39422755

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2011

Amount of Each Disbursement this Period

800.00

refund contribution depos-
ited by bank - not a memb-
er of AOTA

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00