

# 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 12 06 2006 in the State of \_\_\_\_\_

5. Covering Period 10 19 2006 through 11 27 2006

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 12 06 2006

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

**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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		54213.25
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	85931.23									
(c) Total Receipts (from Line 19) .....	18206.06	192884.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	104137.29	247097.82								
7. Total Disbursements (from Line 31) .....	19967.81	162928.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84169.48	84169.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	2389.00	18156.00
(i) Itemized (use Schedule A) .....	14812.76	173667.94
(ii) Unitemized .....	17201.76	191823.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17201.76	191823.94
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4.30	60.63
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)) .....	18206.06	192884.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18206.06	192884.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	417.81	3803.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	417.81	3803.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	158700.00
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 .....	50.00	425.00
(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)) .....	50.00	425.00
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))..	19967.81	162928.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19967.81	162928.34

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17201.76	191823.94
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	425.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17151.76	191398.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	417.81	3803.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	417.81	3803.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Barbara Winthrop Rose

Mailing Address 5104 Pocahontas

City State Zip Code  
Bellaire TX 77401-4912

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

Name of Employer self employed - consultant Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 17455050

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Colleen R Renie

Mailing Address 6706 Creekside Ln

City State Zip Code  
Indianapolis IN 46220-4339

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

Name of Employer Consultant - self employed Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17571045

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Lou Henderson

Mailing Address 2004 Randolph Ave

City State Zip Code  
Saint Paul MN 55105-1789

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

Name of Employer College of St Catherine (OT) Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17585303

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>830.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Donna D Hopkins

Mailing Address 306 W Harvey St

City State Zip Code  
McAllen TX 78501-2078

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

Name of Employer Occupation  
Lifecare Hosp OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

**Transaction ID:** 17599587

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City State Zip Code  
Leesburg VA 20176-6026

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

Name of Employer Occupation  
Loudoun County Public Schools OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 393.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 6

**Transaction ID:** 17600050

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Pamela Henry

Mailing Address 5626 Alex Way

City State Zip Code  
Liberty Township OH 45044-8773

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

Name of Employer Occupation  
Ohio Presbyterian Retirement Services OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 17600189

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Judy A Olson

Mailing Address 686 Greenhills Dr

City Ann Arbor State MI Zip Code 48105-2717

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

Name of Employer Eastern Michigan Univ Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 17600203

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Denise Anne Rotert

Mailing Address 2609 S Prairie Ave

City Sioux Falls State SD Zip Code 57105-4626

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

Name of Employer AOTA Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 17600210

Amount of Each Receipt this Period  
 135.00

**C.** Full Name (Last, First, Middle Initial)  
Althea Montgomery

Mailing Address 10459 Tara Beach Cir

City Jonesboro State GA Zip Code 30238-7955

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

Name of Employer The Child Development Project Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 17600213

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Jacqueline Rose Brennan		Date of Receipt MM / DD / YYYY 11 / 07 / 2006
Mailing Address 86 Gilbert St		<b>Transaction ID:</b> 17600374
City N Brookfield	State MA	Zip Code 01535-1433
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 126.00	
Name of Employer Worcester State College	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Jacobs		Date of Receipt MM / DD / YYYY 11 / 07 / 2006
Mailing Address Boston University 635 Commonwealth Ave.		<b>Transaction ID:</b> 17600375
City Boston	State MA	Zip Code 02215-1610
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 126.00	
Name of Employer Boston University	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Judy A Olson		Date of Receipt MM / DD / YYYY 11 / 10 / 2006
Mailing Address 686 Greenhills Dr		<b>Transaction ID:</b> 17732854
City Ann Arbor	State MI	Zip Code 48105-2717
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer Eastern Michigan Univ	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>302.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Harvey Christiansen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 6300 Seawall Blvd #9125		<b>Transaction ID:</b> 17831737	
City Galveston	State TX	Amount of Each Receipt this Period 31.00	
Zip Code 77551-2029			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Texas Medical Branch	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Jo Amundson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 600 28th Ave SW		<b>Transaction ID:</b> 17831739	
City Willmar	State MN	Amount of Each Receipt this Period 31.00	
Zip Code 56201-5078			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ESD 105	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Monica Lee Robinson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 368 W 6th Ave		<b>Transaction ID:</b> 17831740	
City Columbus	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 43201-3135			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCR Manor Care	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	112.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Linda Coogle Stephens

Mailing Address 1696 Wawona Ter Ne

City Atlanta State GA Zip Code 30319-3718

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

Name of Employer Atlanta Children's Therapy Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 6

Transaction ID: 17831741

Amount of Each Receipt this Period  
31.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City Zanesville State OH Zip Code 43701-5557

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

Name of Employer Zane State College Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 6

Transaction ID: 17831785

Amount of Each Receipt this Period  
31.00

**C.** Full Name (Last, First, Middle Initial)  
Izel Obermeyer

Mailing Address 33 Pine Rd

City Briarcliff Manor State NY Zip Code 10510-2209

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

Name of Employer Consultant - self employed Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 6

Transaction ID: 17831786

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Carolyn Baum

Mailing Address 6314 S Rosebury 3 West

City Clayton State MO Zip Code 63105-2255

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

Name of Employer Washington Univ School of Medicine Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 6

**Transaction ID: 17831787**

Amount of Each Receipt this Period  
31.00

**B.** Full Name (Last, First, Middle Initial)  
DR Amy Jo Lamb

Mailing Address 4876 Steavenson Loop

City Blair State NE Zip Code 68008-6393

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

Name of Employer Creighton University Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 6

**Transaction ID: 17831792**

Amount of Each Receipt this Period  
31.00

**C.** Full Name (Last, First, Middle Initial)  
Sarah L King

Mailing Address 3404 CHESWICK COURT APT K3

City WEST LAFAYETTE State IN Zip Code 47906-6821

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

Name of Employer GLHS Occupation OT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 6

**Transaction ID: 17831793**

Amount of Each Receipt this Period  
31.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 19	
	(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

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)  
Kathleen Ann Gross

Mailing Address 425 Fremont Ln

City	State	Zip Code
S Pasadena	CA	91030-1728

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

Name of Employer Rancho Los Amigos NH Rehab Ctr	Occupation OT
--	------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 17906214

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	2389.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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)  
Johnson For Congress Committee

Mailing Address P. O. Box 1986

City	State	Zip Code
New Britain	CT	06050

FEC ID number of contributing federal political committee. **C** C00145607

Name of Employer	Occupation

Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	6

Transaction ID: 17829719

Amount of Each Receipt this Period  
 1000.00

refund of campaign contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

**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 15 / 19

<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

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)

Full Name (Last, First, Middle Initial)

**A.** SunTrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 17722722

Date of Disbursement

/   /

Amount of Each Disbursement this Period

bank fees

**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)

PAGE 16 / 19

<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

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)

Full Name (Last, First, Middle Initial)

**A.** Giffords For Congress

Mailing Address PO Box 27565

City Tucson State AZ Zip Code 85726

Purpose of Disbursement campaign contribution

Candidate Name Gabrielle Giffords

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: AZ District: 8

Transaction ID: 17443872

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**B.** Ellsworth For Congress Committee

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement campaign contribution

Candidate Name Mr. Brad Ellsworth

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: IN District: 8

Transaction ID: 17443870

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Sherrod Brown

Mailing Address 2280 Kresge Drive Suite 800

City Amherst State OH Zip Code 44001

Purpose of Disbursement campaign contribution

Candidate Name Sherrod Brown

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: OH District: 2

Transaction ID: 17453873

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

**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 17 / 19

<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

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)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Tammy Duckworth

Mailing Address 416 W. 22nd St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement campaign contribution

Candidate Name L. Tammy Duckworth

Office Sought:  House  Senate  President

State: IL District: 6

Disbursement For: 2006  Primary  General  Other (specify) ▼

Transaction ID: 17453874

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

campaign contribution

**B.** Johnson For Congress Committee

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement campaign contribution

Candidate Name Rep. Nancy L. Johnson

Office Sought:  House  Senate  President

State: CT District: 5

Disbursement For: 2006  Primary  General  Other (specify) ▼

Transaction ID: 17500426

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

3000.00

campaign contribution

**C.** Friends Of Hillary

Full Name (Last, First, Middle Initial)

Mailing Address 1717 K Street Nw Suite 309a

City Washington State DC Zip Code 20036

Purpose of Disbursement campaign contribution

Candidate Name Sen. Hillary Rodham Clinton

Office Sought:  House  Senate  President

State: NY District: 2

Disbursement For: 2006  Primary  General  Other (specify) ▼

Transaction ID: 17500363

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

6500.00

**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 18 / 19

<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

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)

Full Name (Last, First, Middle Initial)

**A.** Volunteers For Shimkus

Mailing Address P.O. Box 5458  
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. John M. Shimkus

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Transaction ID: 17500475

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

campaign contribution

**B.** Menendez For Senate

Mailing Address P.O. Box 848

City Union City State NJ Zip Code 07087

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. Robert Menendez

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NJ District: 13

Transaction ID: 17500449

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

**C.** Friends Of Clay Shaw

Mailing Address P.O. Box 2188  
2600 Ne 14th. Street Causeway

City Fort Lauderdale State FL Zip Code 33303

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. E. Clay Shaw, Jr.

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Transaction ID: 17571061

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

4500.00

**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 19 / 19

<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

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)

Full Name (Last, First, Middle Initial)

**A.** Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

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: 17571060

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

campaign contribution

**B.** Spratt For Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement  
campaign contribution

Candidate Name  
Rep. John M. Spratt, Jr.

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: SC District: 5

Transaction ID: 17571074

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

**C.** Lampson For Congress

Mailing Address P.O. Box 58606

City Houston State TX Zip Code 77258

Purpose of Disbursement  
campaign contribution

Candidate Name  
Mr. Nicholas Lampson

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Transaction ID: 17584351

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

4000.00

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

19500.00