

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 4720 Montgomery Lane, Suite 200

Check if different than previously reported. (ACC) Bethesda MD 20814-3449

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00089086

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2016 through 09 / 30 / 2016

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

Metzler, Christina A., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Metzler, Christina A., , ,

[Electronically Filed]

Date

10 / 18 / 2016

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

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		54923.50
(b) Cash on Hand at Beginning of Reporting Period.....	85023.67	
(c) Total Receipts (from Line 19)	11247.86	171304.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96271.53	226227.52
7. Total Disbursements (from Line 31).....	49868.99	179824.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46402.54	46402.54
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

FEC Form 3X (Rev. 05/2016)

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	Y	Y
0	9		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	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		
(i) Itemized (use Schedule A).....	6223.60	64231.81
(ii) Unitemized	5006.94	105944.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11230.54	170175.88
(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)	11230.54	170175.88
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17.32	128.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11247.86	171304.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11247.86	171304.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	368.99	3724.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	368.99	3724.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	176000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(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	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49868.99	179824.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49868.99	179824.98

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11230.54	170175.88
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11230.54	170075.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	368.99	3724.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	368.99	3724.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 48
(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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fisher, Gail, , ,

Mailing Address 1003 S Elmwood Ave

City
Oak ParkState
ILZip Code
60304-2109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of IllinoisOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 73549648

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cronin, Anne, Frances, ,

Mailing Address Po Box 9139

City
MorgantownState
WVZip Code
26506-9139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Virginia UniversityOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Transaction ID : 73549694

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Diana, Rae, ,

Mailing Address Po Box 9139

City
MorgantownState
WVZip Code
26506-9139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Virginia UnivOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

373.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

Transaction ID : 73549698

Amount of Each Receipt this Period

30.42

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

163.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parolise, Michelle, Rae, ,

Mailing Address 6822 Loyola Dr

City
Huntington Beach

State
CA

Zip Code
92647-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Ana College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 09 / 2016

Transaction ID : 73549699

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goszewski, Susan, K, ,

Mailing Address 225 Oregon Rd

City
Cheshire

State
CT

Zip Code
06410-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale New Haven Hosp

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 17 / 2016

Transaction ID : 73549700

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robinson, Cynthia, A, ,

Mailing Address 1200 N Stonewall Ave

City
Oklahoma City

State
OK

Zip Code
73117-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Oklahoma Health Sciences Cente

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 08 / 2016

Transaction ID : 73549701

Amount of Each Receipt this Period

30.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 48
(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ward, Gretchen, Renee, Miss,

Mailing Address 9144 Kershaw Ct

City
ManassasState
VAZip Code
20110-4263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed Occupational TherapistOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

Transaction ID : 73549703

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Laura, Elizabeth, MRS,

Mailing Address Po Box 87

City
New EraState
MIZip Code
49446-0087FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heartland Health Care Center of Ann ArOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : 73549704

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schulz, Trina, Lea, ,

Mailing Address 4915 Noble St

City
ShawneeState
KSZip Code
66226-9797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Kansas HospitalOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

323.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : 73549706

Amount of Each Receipt this Period

30.42

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 9 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Singleton, Stephanie, , ,

Mailing Address 78 Coryphodon Ln

City

Jemez Springs

State

NM

Zip Code

87025-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Presbyterian Home Health Svcs

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2016

Transaction ID : 73549707

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Androyna, Sara, Marie, MS,

Mailing Address 50634 Jefferson Apt # 219

City

New Baltimore

State

MI

Zip Code

48047-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lapeer County Intermediate School Dist

Occupation (for Individual)

Occupational Therapy Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

Transaction ID : 73549708

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hart, Elizabeth, , ,

Mailing Address 1436 Poinsett Dr

City

Chapel Hill

State

NC

Zip Code

27517-9233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carol Woods Retirement Community

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2016

Transaction ID : 73549709

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

91.26

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 48

☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dorne, Rachelle, , ,

Mailing Address 601 Nw 82nd Ave Apt 604

City
Plantation

State
FL

Zip Code
33324-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nova Southeastern University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

MM / DD / YYYY
09 / 10 / 2016

Transaction ID : 73549711

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mistovich, Cathy, M, ,

Mailing Address 2631 Monaldi Pkwy

City
Dyer

State
IN

Zip Code
46311-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Suburban College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

MM / DD / YYYY
09 / 04 / 2016

Transaction ID : 73549712

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fingerhut, Patricia, E, ,

Mailing Address 2201 Twin Oaks Blvd

City
Kemah

State
TX

Zip Code
77565-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TX Med Branch

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 73549713

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 48

☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weissberg, Kathleen, D, DR,

Mailing Address 115 Beaufort Lane

City
Milford

State
DE

Zip Code
19963-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Endura Care Therapy Mgmt

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.51

Date of Receipt

09 / 17 / 2016

Transaction ID : 73549714

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilhite, Carla, Sue, ,

Mailing Address 1434 Adams St Ne

City

Albuquerque

State

NM

Zip Code

87110-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ. of North Dakota

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.24

Date of Receipt

09 / 15 / 2016

Transaction ID : 73549716

Amount of Each Receipt this Period

109.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Clark, David, Dennis, ,

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

364.96

Date of Receipt

09 / 01 / 2016

Transaction ID : 73549718

Amount of Each Receipt this Period

60.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

231.58

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

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

FOR LINE NUMBER: PAGE 12 OF 48

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robinson-Brown, Rebecca, Ann, ,

Mailing Address 6113 Chinaberry Dr

City
Columbus

State
OH

Zip Code
43213-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DBA Robinson-Brown and Associates

Occupation (for Individual)
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 Y
09 / 03 / 2016

Transaction ID : 73549719

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bloom, Patrick, James, ,

Mailing Address 410 Elm Tree Lane

City
Vernon Hills

State
IL

Zip Code
60061-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sundance Rehab Corp

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.20

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 73549720

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lofland, Stephanie, Michelle, MISS,

Mailing Address 1430 E Madison St

City
South Bend

State
IN

Zip Code
46617-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Progressus Therapy

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.52

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2016

Transaction ID : 73549725

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

191.25

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

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

PAGE 13 OF 48

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lazzarini, Ivelisse, , ,

Mailing Address 5731 Thompson Rd

City
SyracuseState
NYZip Code
13214-1242FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lemoyne CollegeOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.83

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	02	2016

Transaction ID : 73549726

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haertling, Anna, , ,

Mailing Address 7200 Alameda Rd Apt 527

City
HoustonState
TXZip Code
77054-2149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIRR Memorial/HermannOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.98

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	09	2016

Transaction ID : 73549727

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Powell, Janet, M, ,

Mailing Address 1959 Ne Pacific St Box 356490 Rm B

City
SeattleState
WAZip Code
98195-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of WashingtonOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	12	2016

Transaction ID : 73549730

Amount of Each Receipt this Period

30.42

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

152.08

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 14 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kern, Stephen, B, ,

Mailing Address 1023 Kimball St

City
Philadelphia

State
PA

Zip Code
19147-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 73549732

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burkhardt, Ann, , ,

Mailing Address 615 Park St Apt 907

City
Des Moines

State
IA

Zip Code
50309-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drake University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2016

Transaction ID : 73549733

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Solomon, Amy, Hahn, ,

Mailing Address 9568 La Quinta Dr

City
Lone Tree

State
CO

Zip Code
80124-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pima Medical Institute

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

408.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : 73549736

Amount of Each Receipt this Period

47.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

108.14

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 48

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☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simons, Dianne, Franklin, ,

Mailing Address 3009 Huntwick Ct

City
Richmond

State
VA

Zip Code
23233-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 03 / 2016

Transaction ID : 73549737

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vaughn, Lori, , ,

Mailing Address 175 Granville Rd

City
Southwick

State
MA

Zip Code
01077-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bay Path College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 04 / 2016

Transaction ID : 73549739

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Layman, Darnell, ,

Mailing Address 5206 Citation Ave

City
Edinburg

State
TX

Zip Code
78539-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Texas College

Occupation (for Individual)
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 04 / 2016

Transaction ID : 73549740

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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 16 OF 48

☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kreger, Margo, A, ,

Mailing Address 3603 Hillside Dr

City
Cedar Falls

State
IA

Zip Code
50613-5877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allen College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.83

Date of Receipt

MM / DD / YYYY
09 / 02 / 2016

Transaction ID : 73549741

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hinds, Janice, Diane, ,

Mailing Address 2467 S Lincoln St

City
Denver

State
CO

Zip Code
80210-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Col Dept of Human Services, Col Mental

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.68

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 73549742

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Piazza, Rebecca, Ann, ,

Mailing Address 12014 Nw 136th St

City
Alachua

State
FL

Zip Code
32615-6549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UF Health Shands Rehab Hospital

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 73549744

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.83

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 17 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lamb, Amy, Jo, ,

Mailing Address 7024 N Meadows Way

City
Dexter

State
MI

Zip Code
48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.36

Date of Receipt

09 / 13 / 2016

Transaction ID : 73549745

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shotwell, Mary, Patricia, ,

Mailing Address 3463 Crown Dr

City

Gainesville

State

GA

Zip Code

30506-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brenau University

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.98

Date of Receipt

09 / 13 / 2016

Transaction ID : 73549746

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harvison, Neil, , ,

Mailing Address 56 Ridge Rd

City

New Milford

State

CT

Zip Code

06776-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Occupational Therapy Associat

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 09 / 2016

Transaction ID : 73549749

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

147.50

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

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

FOR LINE NUMBER: PAGE 18 OF 48

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bryze, Kimberly, , ,

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwestern Univ

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

Transaction ID : 73549750

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wolf, Timothy, Justin, ,

Mailing Address 620 Mayflower Dr

City

Wentzville

State

MO

Zip Code

63385-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Missouri

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

Transaction ID : 73549751

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kroll, Christine, Lynn, ,

Mailing Address 1528 Chase Blvd

City

Greenwood

State

IN

Zip Code

46142-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Healthcare Therapy Service

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

582.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : 73549752

Amount of Each Receipt this Period

31.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

172.67

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 19 OF 48

☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Louie-Jean, , ,

Mailing Address Po Box 2197

City
Aberdeen

State
WA

Zip Code
98520-0363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rehab Visions@Grays Harbor Cmnty Hosp.

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 15 / 2016

Transaction ID : 73549753

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hay, Christine, C, ,

Mailing Address 2419 26th St

City
Anacortes

State
WA

Zip Code
98221-2492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rehab Care

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.39

Date of Receipt

09 / 15 / 2016

Transaction ID : 73549755

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Diana, Rae, ,

Mailing Address Po Box 9139

City
Morgantown

State
WV

Zip Code
26506-9139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

West Virginia Univ

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

343.32

Date of Receipt

09 / 06 / 2016

Transaction ID : 73549756

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

170.83

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

PAGE 20 OF 48

<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dickerson, Anne, Elizabeth, ,

Mailing Address 1806 Planters Walk

City
GreenvilleState
NCZip Code
27858-8426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Carolina UnivOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

Transaction ID : 73549758

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Craig-Oatley, Mary, Elizabeth, ,

Mailing Address 201 Summerhaze Ct

City
Ormond BeachState
FLZip Code
32174-4871FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Daytona State CollegeOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2016

Transaction ID : 73549762

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duran, Gerri, Ann, ,

Mailing Address 4920 Calle De Tierra Ne

City
AlbuquerqueState
NMZip Code
87111-2927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed Occupational TherapistOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : 73549763

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

102.51

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 48

☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rathgeber, Karen, L, ,

Mailing Address 3495 Fort Sumter St

City
Melbourne

State
FL

Zip Code
32934-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Keiser Univ., Melbourne Campus

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : 73549764

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Randall, Yvonne, Michelle, ,

Mailing Address 6576 Appletree Cir

City
Las Vegas

State
NV

Zip Code
89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Touro University Nevada

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2016

Transaction ID : 73549765

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baum, Carolyn, , ,

Mailing Address 4444 Forest Park Ave

City
Saint Louis

State
MO

Zip Code
63108-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington Univ School of Medicine

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : 73549767

Amount of Each Receipt this Period

30.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.80

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 22 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Welch Jones, Wendy, , ,

Mailing Address 28222 Timber Vlg

City
Magnolia

State
TX

Zip Code
77355-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookdale Senior Living Center

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 15 / 2016

Transaction ID : 73549768

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Denise, Marie, ,

Mailing Address 12 Faircliff Ct

City
Glendale

State
CA

Zip Code
91206-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAMC Therapy and Wellness Center

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

09 / 01 / 2016

Transaction ID : 73549769

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McLaughlin, Jennifer, Lee, ,

Mailing Address 105 Ruth Ellen Ct S

City
Newark

State
DE

Zip Code
19711-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PUMH, Inc.

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

09 / 03 / 2016

Transaction ID : 73549770

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

117.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 48

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reid, Claudette, Stork, ,

Mailing Address 5419 Woodmont Dr

City
PortageState
MIZip Code
49002-0542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Business Network UnitOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.02

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 73549773

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fleming-Castaldy, Rita, Patricia, ,

Mailing Address 551 Sudbury St

City

Marlborough

State

MA

Zip Code

01752-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ScrantonOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2016
Transaction ID : 73549774

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clearman, Robin, Van, ,

Mailing Address 7200 Alameda Rd Apt 314

City

Houston

State

TX

Zip Code

77054-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cole Healthcare ServicesOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.74

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : 73549775

Amount of Each Receipt this Period

30.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

102.47

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 24 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Toto, Pamela, Ellen, ,

Mailing Address 7008 Lyons View Ct

City
Murrysville

State
PA

Zip Code
15668-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Pittsburgh

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

Transaction ID : 73549776

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kelley, Kelly, , ,

Mailing Address 711 Fantango Rd

City
Durango

State
CO

Zip Code
81301-9204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Juan College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : 73549781

Amount of Each Receipt this Period

30.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cleary, Dennis, Sullivan, ,

Mailing Address 453 W 10th Ave

City
Columbus

State
OH

Zip Code
43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : 73702640

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.80

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

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

FOR LINE NUMBER: PAGE 25 OF 48

(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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fontana, Paul, Andre, ,

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 (for Individual)

DBA The Fontana Center, Center For Wor

Occupation (for Individual)

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 Y
09 / 22 / 2016

Transaction ID : 73704724

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stoffel, Virginia, Carroll, ,

Mailing Address 8640 N Pelham Pkwy

City
Bayside

State
WI

Zip Code
53217-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ. of Wisconsin - Milwaukee

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : 73704725

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nemes, Sharon, Ann, MRS,

Mailing Address 6308 Crestview Dr

City
South Park

State
PA

Zip Code
15129-9642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Caring Mission Home Health

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : 73711209

Amount of Each Receipt this Period

91.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

591.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 48

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☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bynum, Harriett, Smith, ,

Mailing Address 100 Cottonwood Dr

City
Oakdale

State
PA

Zip Code
15071-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kent State University, East Liverpool

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : 73715903

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scheerer, Carol, Rose, ,

Mailing Address 2121 Saint James Ave Apt 4

City
Cincinnati

State
OH

Zip Code
45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Xavier University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2016

Transaction ID : 73715907

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wryals, Jo, , ,

Mailing Address 220 Sw 28th Rd

City
Miami

State
FL

Zip Code
33129-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed Occupational Therapist

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2016

Transaction ID : 73715911

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

116.25

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 48

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☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matthews, Kirsten, Rae, ,

Mailing Address 200 Oakridge Dr

City
Marquette

State
MI

Zip Code
49855-8865

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Superior Therapy Services

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 73715913

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keener, Allen, Scott, MR,

Mailing Address 1241 29th St S Apt 4

City
Birmingham

State
AL

Zip Code
35205-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wallace State Community College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 73715916

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brady, Catherine, Patricia, ,

Mailing Address 24409 S Meadowood Rd

City
Crete

State
IL

Zip Code
60417-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Governors State University

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 73716059

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arnold, Mary, Margaret, ,

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 (for Individual)
Zane State College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.74

Date of Receipt

MM / DD / YYYY
09 / 22 / 2016

Transaction ID : 73716063

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jedlicka, Janet, Sue, ,

Mailing Address 134 Breezy Hills Cv

City
Grand Forks

State
ND

Zip Code
58201-7919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of North Dakota

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

MM / DD / YYYY
09 / 22 / 2016

Transaction ID : 73716066

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Iffland, Lisa, Kay, ,

Mailing Address 2417 W Gladys Ave

City
Chicago

State
IL

Zip Code
60612-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wright College

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

MM / DD / YYYY
09 / 21 / 2016

Transaction ID : 73716069

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 48
(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Valls, Jodie, Marie, ,

Mailing Address 183 Lake Carnegie Ct

City
LaredoState
TXZip Code
78041-2062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Laredo Community CollegeOccupation (for Individual)
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 73716071

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Koenig, Kristie, Patten, ,

Mailing Address 721 N Jackson St

City
MediaState
PAZip Code
19063-2553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Temple UniversityOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2016

Transaction ID : 73716073

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sonnier, Dawn, Albarado, ,

Mailing Address Po Box 317

City
WatsonState
LAZip Code
70786-0317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DHH NORTHLAKE SUPPORTS AND SERVICES CEOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

647.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2016

Transaction ID : 73716074

Amount of Each Receipt this Period

60.83

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

121.67

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 48

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Braveman, Brent, Howard, ,

Mailing Address 1 Hermann Park Ct Apt 432

City
Houston

State
TX

Zip Code
77021-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M.D. Anderson Cancer Center

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.51

Date of Receipt

09 / 22 / 2016

Transaction ID : 73716218

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Randall, Yvonne, Michelle, ,

Mailing Address 6576 Appletree Cir

City
Las Vegas

State
NV

Zip Code
89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Touro University Nevada

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

09 / 22 / 2016

Transaction ID : 73716221

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bell, Esther, Bernice, ,

Mailing Address 203 Mcclure St

City
Gonzales

State
TX

Zip Code
78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

547.51

Date of Receipt

09 / 22 / 2016

Transaction ID : 73716362

Amount of Each Receipt this Period

60.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

410.83

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 31 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lamb, Amy, Jo, ,

Mailing Address 7024 N Meadows Way

City
Dexter

State
MI

Zip Code
48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.03

Date of Receipt

09 / 24 / 2016

Transaction ID : 73716367

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Braveman, Brent, Howard, ,

Mailing Address 1 Hermann Park Ct Apt 432

City
Houston

State
TX

Zip Code
77021-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M.D. Anderson Cancer Center

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.51

Date of Receipt

09 / 19 / 2016

Transaction ID : 73716369

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Susan, J, ,

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 (for Individual)

Therapy Specialists

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.03

Date of Receipt

09 / 20 / 2016

Transaction ID : 73716675

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.17

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

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

FOR LINE NUMBER: PAGE 32 OF 48

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCormack, Guy, Louis, ,

Mailing Address 774 23rd Ave

City

San Francisco

State

CA

Zip Code

94121-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Samuel Merritt Univ.

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

505.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : 73716678

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Herz, Nathan, Bernard, ,

Mailing Address 100 Baldwin Blvd

City

Fishersville

State

VA

Zip Code

22939-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Georgia Health Sciences Univ.

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2016

Transaction ID : 73716682

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berthelette, Michael, Thomas, ,

Mailing Address 4311 S Cameron Ave

City

Tampa

State

FL

Zip Code

33611-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BMR Health Services, Inc.

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : 73716684

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

172.09

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 33 OF 48

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nordquist, Scott, David, Mr.,

Mailing Address 11874 Canterbury Dr.

City

Sterling Heights

State

MI

Zip Code

48312-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. John's Hospital

Occupation (for Individual)

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : 73716687

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chavez, Jesse, Valdez, MR,

Mailing Address Po Box 1901

City

Mesilla Park

State

NM

Zip Code

88047-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gadsden Independent DistrictOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2016

Transaction ID : 73717437

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Jennifer, C, ,

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 (for Individual)
Hoover Bachman AssocOccupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 73717440

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

121.67

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

PAGE 34 OF 48

<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Argabrite Grove, Rebecca, E, ,

Mailing Address 41718 Browns Farm Ln

City
LeesburgState
VAZip Code
20176-6026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Occupational Therapy Associat

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	24	2016

Transaction ID : 73717445

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McNally, Jamie, Lea, ,

Mailing Address 1479 E 688th Rd

City
LawrenceState
KSZip Code
66049-9123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Francis Health Center

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	23	2016

Transaction ID : 73717450

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baldwin, Diana, Jean, ,

Mailing Address 2117 S El Chaparral Ave

City
ColumbiaState
MOZip Code
65201-9415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Missouri-Columbia

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	22	2016

Transaction ID : 73717451

Amount of Each Receipt this Period

30.42

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

100.84

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 35 OF 48

(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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reitz, Sharon, Thomson, ,

Mailing Address 8544 Window Latch Way

City
Columbia

State
MD

Zip Code
21045-5637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Towson Univ

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2016

Transaction ID : 73717453

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Price, Mary, P, ,

Mailing Address 2754 E Louise Ave

City
Salt Lake City

State
UT

Zip Code
84109-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Utah

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : 73717456

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Siebert, Carol, , ,

Mailing Address 304 Forbush Mountain Dr

City
Chapel Hill

State
NC

Zip Code
27514-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed Occupational Therapist

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : 73717464

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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 36 OF 48

☒ 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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rydin, Sophie, , ,

Mailing Address 5500 Holly St

City
Houston

State
TX

Zip Code
77081-7410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCSS

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 22 / 2016

Transaction ID : 73864033

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Solomon, Amy, Hahn, ,

Mailing Address 9568 La Quinta Dr

City
Lone Tree

State
CO

Zip Code
80124-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pima Medical Institute

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.14

Date of Receipt

09 / 26 / 2016

Transaction ID : 73980392

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Skidmore, Elizabeth, Renee, ,

Mailing Address Occupational Therapy
5012 Forbes Tower

City
Pittsburgh

State
PA

Zip Code
15260-7406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 27 / 2016

Transaction ID : 73980859

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1390.00

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 37 OF 48

☒ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, David, Dennis, ,

Mailing Address 1012 Demorest Mount Airy Hwy

City
Mount Airy

State
GA

Zip Code
30563-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.79

Date of Receipt

09 / 30 / 2016

Transaction ID : 73981326

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montgomery, Sheri, , ,

Mailing Address 8 Clermont Ct

City

Palm Coast

State

FL

Zip Code

32137-8926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of St. Augustine

Occupation (for Individual)

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.88

Date of Receipt

09 / 26 / 2016

Transaction ID : 73981334

Amount of Each Receipt this Period

111.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eberhardt, Kathryn, Melin, ,

Mailing Address 142 North Rebecca Street

City

Glenwood

State

IL

Zip Code

60425-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Suburban College

Occupation (for Individual)

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

547.51

Date of Receipt

09 / 30 / 2016

Transaction ID : 73981338

Amount of Each Receipt this Period

60.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

232.77

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

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

FOR LINE NUMBER: PAGE 38 OF 48
 (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 (AOT PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mateling, Karen, B, ,

Mailing Address 519 Penny Ln

City
Grayslake

State
IL

Zip Code
60030-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community CSD #46

Occupation (for Individual)
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2016

Transaction ID : 73981342

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

30.42

6223.60

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

PAGE 39 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Mailing Address PO Box 4418, Mail Code 1948

City
AtlantaState
GAZip Code
30302Purpose of Disbursement
Bank Fees on Checking Account

001

Candidate Name

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

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

FEC Identification Number

C

Transaction ID : 73704487

Amount of Each Disbursement this Period

368.99

Bank Fees on Checking Account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

368.99

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

368.99

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

PAGE 40 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee (DSCC)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	6		

Mailing Address 120 Maryland Avenue, NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 73708412

Amount of Each Disbursement this Period

5000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	6		

Mailing Address 1050 17th St Nw Ste 590

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Bustos, Cheri, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 17

FEC Identification Number

C C00498568

Transaction ID : 73708413

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	6		

Mailing Address PO Box 3433

City
Palm DesertState
CAZip Code
92261Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 36

FEC Identification Number

C C00502575

Transaction ID : 73708414

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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

PAGE 41 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sean Patrick Maloney For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	6		

Mailing Address PO Box 270

City
NewburghState
NYZip Code
12550Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Maloney, Sean, Patrick, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 18

FEC Identification Number

C C00512426

Transaction ID : 73708415

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Van Hollen For Senate

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	6		

Mailing Address 10605 Concord St Suite 202

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Hollen, Chris, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District:

FEC Identification Number

C C00573758

Transaction ID : 73708416

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	6		

Mailing Address PO Box 937

City
ManchesterState
NHZip Code
03105Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Ayotte, Kelly, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District:

FEC Identification Number

C C00464297

Transaction ID : 73708417

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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

PAGE 42 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 10178

City
ColumbiaState
MOZip Code
65205Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Blunt, Roy, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	6

FEC Identification Number

C C00304758**Transaction ID : 73708418**

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott For Congress

Mailing Address Post Office Box 251

City
Newport NewsState
VAZip Code
23607Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Scott, Robert, C., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	6

FEC Identification Number

C C00256925**Transaction ID : 73708419**

Amount of Each Disbursement this Period

1500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City
RosevilleState
MIZip Code
48066Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Levin, Sandy, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	6

FEC Identification Number

C C00156612**Transaction ID : 73708420**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Barbara Lee For Congress

Mailing Address 505 14th St, Suite 900

City
OaklandState
CAZip Code
94612Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Lee, Barbara, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: CA

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

FEC Identification Number

C C00331769**Transaction ID : 73708424**

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doggett For Congress

Mailing Address PO Box 5843

City
AustinState
TXZip Code
78763Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Doggett, Lloyd, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify)

State: TX

District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

FEC Identification Number

C C00286500**Transaction ID : 73708425**

Amount of Each Disbursement this Period

3000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

City
DenverState
COZip Code
80201Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Bennet, Michael, F., Sen.,

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: CO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

FEC Identification Number

C C00458398**Transaction ID : 73708426**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**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 PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

Mailing Address PO Box 6545

City
VisaliaState
CAZip Code
93290Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Nunes, Devin, G., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 22

FEC Identification Number

C C00370056

Transaction ID : 73708427

Amount of Each Disbursement this Period

1500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

Mailing Address P.O. Box 30632

City
RochesterState
NYZip Code
14603Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Slaughter, Louise, McIntosh, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 25

FEC Identification Number

C C00213611

Transaction ID : 73708428

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A Whole Lot Of People For Grijalva Congressional C

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2016

Mailing Address PO Box 1242

City
TucsonState
AZZip Code
85702Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Grijalva, Raul, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 03

FEC Identification Number

C C00374058

Transaction ID : 73708429

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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

PAGE 46 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Russ For Wisconsin

Mailing Address PO Box 620061

City
MiddletonState
WIZip Code
53562Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Feingold, Russell, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	6

FEC Identification Number

C C00578013**Transaction ID : 73708430**

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Boustany For Senate Inc

Mailing Address PO Box 80126

City
LafayetteState
LAZip Code
70598Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Boustany, Charles, , , Jr.

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: LA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	6

FEC Identification Number

C C00394866**Transaction ID : 73708431**

Amount of Each Disbursement this Period

5000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doyle For Congress Committee

Mailing Address 205 Hawthorne Ct

City
PittsburghState
PAZip Code
15221Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Doyle, Michael, F., Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	6

FEC Identification Number

C C00290064**Transaction ID : 73708432**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City
EvanstonState
ILZip Code
60204Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Schakowsky, Jan, D., Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00327023**Transaction ID : 73718439**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City
SpokaneState
WAZip Code
99210Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

McMorris Rodgers, Cathy, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00390476**Transaction ID : 73718446**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City
PearlState
MSZip Code
39288Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Harper, Gregg, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00441295**Transaction ID : 73718448**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

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

PAGE 48 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City
SeattleState
WAZip Code
98124Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Murray, Patty, , Sen.,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

C C00257642**Transaction ID : 73718449**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City
CharlestonState
SCZip Code
29407Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Scott, Tim, , Sen.,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

C C00540302**Transaction ID : 73718450**

Amount of Each Disbursement this Period

1000.00

campaign contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

49500.00