

**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 (AOTPAC)

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 17 2013

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">65985.19</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">108436.84</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">13761.27</span>	<span style="border: 1px solid black; padding: 2px;">162241.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">122198.11</span>	<span style="border: 1px solid black; padding: 2px;">228226.19</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14864.30</span>	<span style="border: 1px solid black; padding: 2px;">120892.38</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">107333.81</span>	<span style="border: 1px solid black; padding: 2px;">107333.81</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2013

To:

M M / D D / Y Y Y Y Y  
08 31 2013

**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).....

4094.66

39068.41

(ii) Unitemized .....

9655.70

122105.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13750.36

161173.90

(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) .....

13750.36

161173.90

## 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.).....

10.91

67.10

## 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))..... ▶

13761.27

162241.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

13761.27

162241.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	364.30	2332.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	364.30	2332.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	118000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	60.00
(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	60.00
29. Other Disbursements .....	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	14864.30	120892.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14864.30	120892.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	13750.36	161173.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13750.36	161113.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	364.30	2332.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	364.30	2332.38

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

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

FOR LINE NUMBER: PAGE 6 OF 35

(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 (Last, First, Middle Initial)

A. Sharmila Mekala

Mailing Address 626 Lakeside Knolls Dr

City

Hillsboro

State

IL

Zip Code

62049-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aegis Therapy

Occupation

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  
08 / 03 / 2013

Transaction ID : 52576560

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Brent Howard Braveman

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

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2013

Transaction ID : 52576562

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Jennifer Lee Mclaughlin

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

PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2013

Transaction ID : 52576567

Amount of Each Receipt this Period

45.00

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

105.84

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 7 OF 35  
(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 (Last, First, Middle Initial)

**A. Gloria R Lucker**

Mailing Address 2495 Main St Ste 234

City State Zip Code  
Buffalo NY 14214-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Optimal Therapy Associates Service

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.68

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2013

**Transaction ID : 52576570**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Janis Elizabeth Battan**

Mailing Address 3193 Allen Road

City State Zip Code  
Elk WA 99009-9581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Washington Univ.

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2013

**Transaction ID : 52576572**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Lucinda S Murray**

Mailing Address Po Box 33932

City State Zip Code  
Shreveport LA 71130-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana State Univ., Shreveport

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2013

**Transaction ID : 52576573**

Amount of Each Receipt this Period

30.42

**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: PAGE 8 OF 35  
(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 (Last, First, Middle Initial)

**A. Amy Hahn Solomon**

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 Occupation  
Pima Medical Institute Occupational Therapist

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

Aggregate Year-to-Date ▼

283.36

Date of Receipt

08 / 02 / 2013

Transaction ID : 52576577

Amount of Each Receipt this Period

40.42

Full Name (Last, First, Middle Initial)

**B. DR Diane Lynn Smith**

Mailing Address 1000 Willowcreek Ln

City Columbia State MO Zip Code 65203-4886

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation  
V.A. Medical Center Occupational Therapist

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

Aggregate Year-to-Date ▼

243.58

Date of Receipt

08 / 02 / 2013

Transaction ID : 52576578

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Dianne Franklin Simons**

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 Occupation  
Virginia Commonwealth University Occupational Therapist

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

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 03 / 2013

Transaction ID : 52576579

Amount of Each Receipt this Period

30.42

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

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

101.26



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

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

FOR LINE NUMBER: PAGE 9 OF 35

(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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Liesa Jo Allen

Mailing Address Po Box 1388

City

Philadelphia

State

MS

Zip Code

39350-1388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Care Center

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.42

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2013

Transaction ID : 52576587

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kit M Kuhlemeier

Mailing Address 812 Ashebrook Dr Apt B

City

Greensboro

State

NC

Zip Code

27409-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health Care

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2013

Transaction ID : 52576592

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Mary Patricia Shotwell

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

Brenau University

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2013

Transaction ID : 52576593

Amount of Each Receipt this Period

30.42

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

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

110.84

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35  
(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 (Last, First, Middle Initial)

**A. Jan Rowe**

Mailing Address 1530 3rd Ave S

City

Birmingham

State

AL

Zip Code

35294-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Alabama @ Birmingham

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2013

**Transaction ID : 52576594**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Janet Sue Jedlicka**

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

Univ of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2013

**Transaction ID : 52576599**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Karen Nadine Mock**

Mailing Address 3815 Se 1st Pl

City

Cape Coral

State

FL

Zip Code

33904-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FGCU

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2013

**Transaction ID : 52576600**

Amount of Each Receipt this Period

36.50

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

97.34

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

FOR LINE NUMBER: PAGE 11 OF 35  
(check only one)

<input checked="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	

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

520.00

65.00

220.00

20.00

313.78

30.42

115.42

FEC Schedule A (Form 3X) Rev. 02/2003

# **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 12 OF 35

☒ 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 (Last, First, Middle Initial)

**A. Sherri L Brandthill**

Mailing Address 516 West Webster Ave

City

Roselle Park

State

NJ

Zip Code

07204-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OT Consultants Inc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 08 / 2013

Transaction ID : 52597117

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Sheila Dale Starbuck**

Mailing Address 4754 Milton Street

City

Coatesville

State

IN

Zip Code

46121-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old National Trail Special Svcs

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.52

Date of Receipt

08 / 08 / 2013

Transaction ID : 52597123

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Denise Marie Miller**

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

GAMC Therapy and Wellness Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

08 / 08 / 2013

Transaction ID : 52597124

Amount of Each Receipt this Period

30.42

**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

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(check only one)

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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. Kelly Michelle Alig**

Mailing Address 1900 Gravier St Office 801

City

New Orleans

State

LA

Zip Code

70112-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana State University HSC New Orl

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 07 / 2013

Transaction ID : 52597125

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Julie Renee Kalahar**

Mailing Address 320 26th St Nw

City

Watertown

State

SD

Zip Code

57201-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

08 / 07 / 2013

Transaction ID : 52597126

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. David Dennis Clark**

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

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

08 / 08 / 2013

Transaction ID : 52597127

Amount of Each Receipt this Period

30.42

**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:  
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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 (Last, First, Middle Initial)

**A. Janet Elizabeth Wright**

Mailing Address 7 Seaport Dr Apt 502

City  
Quincy

State  
MA

Zip Code  
02171-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sensational Solutions

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 08 / 2013

Transaction ID : 52597128

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. MISS Mary Strausser**

Mailing Address 2416 Cramer Cir

City

Pottsville

State

PA

Zip Code

17901-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis Rehab Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 08 / 2013

Transaction ID : 52597129

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Lisa Branscum Wicks**

Mailing Address 5932 Bonneville Way

City

Indianapolis

State

IN

Zip Code

46237-4495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Liberty Early Elementary School

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.90

Date of Receipt

08 / 06 / 2013

Transaction ID : 52597132

Amount of Each Receipt this Period

30.42

**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

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 (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 (Last, First, Middle Initial)

**A. Barbara Thoreson Brockevelt**

Mailing Address 414 E Clark St, Room 302

City  
VermillionState  
SDZip Code  
57069-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer

The University of South Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2013

Transaction ID : 52597134

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Trina Lea Schulz**

Mailing Address 4915 Noble St

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

C

Name of Employer

Univ of Kansas Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2013

Transaction ID : 52597135

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Stephen B Kern**

Mailing Address 1023 Kimball St

City  
PhiladelphiaState  
PAZip Code  
19147-3820FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

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
08	/	07	/	2013

Transaction ID : 52597136

Amount of Each Receipt this Period

30.42

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

95.84

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

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(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 (Last, First, Middle Initial)

**A. Mary Kay W Arvin**

Mailing Address 1431 Halsey Ave

City State Zip Code  
 Evansville IN 47720-3380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of Southern Indiana

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 10 2013

**Transaction ID : 52597137**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Heather Rae Meredith**

Mailing Address 1026 Linden Ave

City State Zip Code  
 Findlay OH 45840-6046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Univ. of Findlay

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 10 2013

**Transaction ID : 52597140**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. MS Jorda Redhead**

Mailing Address 7908 Limestone Ln

City State Zip Code  
 Sarasota FL 34233-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atls Therapy Co.

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 06 2013

**Transaction ID : 52597143**

Amount of Each Receipt this Period

91.25

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

152.09

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Sheel Mehta**

Mailing Address Townsend St #1-602

City

San Francisco

State

CA

Zip Code

94107-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Progressus Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

08 / 06 / 2013

Transaction ID : 52597145

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**B. Janice Diane Hinds**

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

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

08 / 09 / 2013

Transaction ID : 52597147

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Rita Patricia Fleming-Castaldy**

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

University of Scranton

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.19

Date of Receipt

08 / 09 / 2013

Transaction ID : 52597148

Amount of Each Receipt this Period

30.42

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

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

133.84

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. L Diane Parham**

Mailing Address 11 Calle Cobre

City State Zip Code  
 Placitas NM 87043-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Univ of New Mexico Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 07 2013

**Transaction ID : 52597149**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Laurel Cargill Radley**

Mailing Address 3701 R St Nw

City State Zip Code  
 Washington DC 20007-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Retired Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 07 2013

**Transaction ID : 52597151**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Gail Fisher**

Mailing Address 1003 S Elmwood Ave

City State Zip Code  
 Oak Park IL 60304-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 University of Illinois Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 08 2013

**Transaction ID : 52597152**

Amount of Each Receipt this Period

30.42

**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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Jo Karen S Werner**

Mailing Address 2708 Pleasant Valley Rd

City

Fort Collins

State

CO

Zip Code

80521-4083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

08 / 06 / 2013

**Transaction ID : 52597168**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Lisa J Read**

Mailing Address 275 Valley View Rd

City

Starkville

State

MS

Zip Code

39759-3192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LTC 2

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

08 / 08 / 2013

**Transaction ID : 52616278**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Dennis Sullivan Cleary**

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

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 52621840**

Amount of Each Receipt this Period

30.00

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

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

445.00

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

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 for each category of the  
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<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 (Last, First, Middle Initial)

**A. Amy Hahn Solomon**

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

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : 52664019

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Susan K Goszewski**

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

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2013

Transaction ID : 52664029

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Timothy Justin Wolf**

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

Washington Univ. in St. Louis

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2013

Transaction ID : 52664033

Amount of Each Receipt this Period

30.42

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

85.84

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

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 (check only one)

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<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 (Last, First, Middle Initial)

**A. Diana Lynn Gibson-Lee**

Mailing Address 7450 W Dyer Rd

 City  
 Twining

 State  
 MI

 Zip Code  
 48766-9773

 FEC ID number of contributing  
 federal political committee.

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

**Transaction ID : 52664039**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. JoAnn C Kennedy**

Mailing Address 5229 Richardson Dr

 City  
 Fairfax

 State  
 VA

 Zip Code  
 22032-3930

 FEC ID number of contributing  
 federal political committee.

Name of Employer

DBA JoAnn Kennedy, OTR/L, LLC

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2013

**Transaction ID : 52664040**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. Pamela Ellen Toto**

Mailing Address 7008 Lyons View Ct

 City  
 Murrysville

 State  
 PA

 Zip Code  
 15668-1056

 FEC ID number of contributing  
 federal political committee.

Name of Employer

Univ of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : 52664060**

Amount of Each Receipt this Period

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

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 (Last, First, Middle Initial)

**A. Mr. Scott David Nordquist**

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

St. John's Hospital

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 17 / 2013

Transaction ID : 52664061

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

**B. Gail Fien**

Mailing Address 1559 N East Ave

City

Vineland

State

NJ

Zip Code

08360-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayada Home Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2013

Transaction ID : 52668301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Donna Ellen Inkster**

Mailing Address 215 W Benson St

City

Decatur

State

GA

Zip Code

30030-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.52

Date of Receipt

08 / 30 / 2013

Transaction ID : 53005641

Amount of Each Receipt this Period

100.00

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

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

380.38

# **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 35  
(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 (Last, First, Middle Initial)

**A. Pamela Kellund Richardson**

Mailing Address 863 El Cerro Blvd

City State Zip Code  
Danville CA 94526-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
San Jose State Univ. 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  
08 / 26 / 2013

Transaction ID : 53005643

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Laura Jean McCarthy**

Mailing Address 6726 Carlinda Ave

City State Zip Code  
Columbia MD 21046-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Employed Occupational Therapist Occupational Therapist

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2013

Transaction ID : 53005645

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kathleen Ann Gross**

Mailing Address 1225 N Granada Ave  
Unit 36

City State Zip Code  
Alhambra CA 91801-8136

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
USC Univ Hosp. 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  
08 / 31 / 2013

Transaction ID : 53005650

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 24 OF 35  
(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 (Last, First, Middle Initial)

**A. Eric M Gerken**

Mailing Address 2845 Kings Row

City State Zip Code  
 Reno NV 89503-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reno Ergonomics

Occupation

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  
 08 25 2013

Transaction ID : 53005680

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Stefanie C Bodison**

Mailing Address 29104 Firthridge Rd

City State Zip Code  
 Rancho Palos Verdes CA 90275-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of Southern California

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 22 2013

Transaction ID : 53005684

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Esther Bernice Bell**

Mailing Address 203 Mcclure St

City State Zip Code  
 Gonzales TX 78629-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 21 2013

Transaction ID : 53005687

Amount of Each Receipt this Period

30.42

**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: PAGE 25 OF 35  
(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 (Last, First, Middle Initial)

**A. Miss Gretchen Renee Ward**

Mailing Address 62 W 107th St Apt 6d

City  
New York

State Zip Code  
NY 10025-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed Occupational Therapist

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 20 / 2013

Transaction ID : 53005688

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. MS Estrella Barrera**

Mailing Address 4232 Gochman St

City  
Austin

State Zip Code  
TX 78723-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Community College

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005689

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Harriett Smith Bynum**

Mailing Address 100 Cottonwood Dr

City  
Oakdale

State Zip Code  
PA 15071-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kent State University, East Liverpool

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 21 / 2013

Transaction ID : 53005690

Amount of Each Receipt this Period

30.42

**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 26 OF 35

☒ 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 (Last, First, Middle Initial)

## **A. Maureen Duncan**

Mailing Address 535 E Military Ave

City

Fremont

State

NE

Zip Code

68025-5179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005691

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Nathan Bernard Herz**

Mailing Address 1247 Augusta Rd

City

Trenton

State

SC

Zip Code

29847-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Health Sciences Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.44

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005692

Amount of Each Receipt this Period

30.43

Full Name (Last, First, Middle Initial)

## **C. Lisa Kay Iffland**

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

Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 21 / 2013

Transaction ID : 53005693

Amount of Each Receipt this Period

30.42

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

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

91.27

# **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 27 OF 35

☒ 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 (Last, First, Middle Initial)

**A. Michelle Rae Parolise**

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

Santa Ana College

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005694

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. DR Ruth S Ramsey**

Mailing Address 50 Acacia Ave

City

San Rafael

State

CA

Zip Code

94901-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dominican Univ of CA

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

343.36

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005695

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Sharon Thomson Reitz**

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

Towson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.36

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005696

Amount of Each Receipt this Period

30.42

**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: PAGE 28 OF 35  
(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 (Last, First, Middle Initial)

**A. Carol Siebert**

Mailing Address 304 Forbush Mountain Dr

City State Zip Code  
 Chapel Hill NC 27514-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Self Employed Occupational Therapist Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 21 2013

Transaction ID : 53005698

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Jodie Marie Valls**

Mailing Address 183 Lake Carnegie Ct

City State Zip Code  
 Laredo TX 78041-2062

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Laredo Community College Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 25 2013

Transaction ID : 53005699

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kathleen D Weissberg**

Mailing Address 115 Beaufort Lane

City State Zip Code  
 Milford DE 19963-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Endura Care Therapy Mgmt 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  
 08 25 2013

Transaction ID : 53005700

Amount of Each Receipt this Period

30.42

**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: PAGE 29 OF 35  
(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 (Last, First, Middle Initial)

**A. Melissa Marie Whelan**

Mailing Address 83 Dikeman St Apt 1

City State Zip Code  
 Brooklyn NY 11231-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

08 / 24 / 2013

Transaction ID : 53005701

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Lisa Branscum Wicks**

Mailing Address 5932 Bonneville Way

City State Zip Code  
 Indianapolis IN 46237-4495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Liberty Early Elementary School

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 24 / 2013

Transaction ID : 53005704

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Carol Rose Scheerer**

Mailing Address 2121 Saint James Ave Apt 4

City State Zip Code  
 Cincinnati OH 45206-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.68

Date of Receipt

08 / 25 / 2013

Transaction ID : 53005710

Amount of Each Receipt this Period

35.00

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

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

95.84

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

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

FOR LINE NUMBER: PAGE 30 OF 35  
(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 (Last, First, Middle Initial)

**A. Emily S Pugh**

Mailing Address 1744 Nw 7th Pl

City  
Gainesville

State Zip Code  
FL 32603-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Florida

Occupation

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  
08 / 25 / 2013

Transaction ID : 53005711

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Kory Jean Hall**

Mailing Address 209 1st St Sw

City  
Watertown

State Zip Code  
SD 57201-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.68

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2013

Transaction ID : 53005715

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Jennifer Fitzgerald Kovanis**

Mailing Address 700 Amster Green Dr

City  
Atlanta

State Zip Code  
GA 30350-4139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA Premier Children's Therapy Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2013

Transaction ID : 53005771

Amount of Each Receipt this Period

365.00

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

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

425.84

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

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

FOR LINE NUMBER: PAGE 31 OF 35  
(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 (Last, First, Middle Initial)

**A. Mary Margaret Arnold**

Mailing Address 1119 Maysville Ave

City State Zip Code  
Zanesville OH 43701-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Zane State College Occupational Therapist

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

Aggregate Year-to-Date ▼  
212.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2013

**Transaction ID : 53005793**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Charlotte Ann Brunelle**

Mailing Address 7310 Windover Way

City State Zip Code  
Titusville FL 32780-7559

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Brevard County Public Schools 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  
08 / 20 / 2013

**Transaction ID : 53005799**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**c. DR Amy Jo Lamb**

Mailing Address 7024 N Meadows Way

City State Zip Code  
Dexter MI 48130-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Eastern Michigan Univ. and DBA/ AJ Lam 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  
08 / 24 / 2013

**Transaction ID : 53005801**

Amount of Each Receipt this Period

30.42

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

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

91.26

4094.66

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

### A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

Transaction ID : 52621844

Purpose of Disbursement
Bank Fees on checking account

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

364.30

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

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

Bank Fees on checking account

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

The diagram shows three rectangular boxes representing DNA sequences. The first box contains 'M' at the top left and 'M' at the top right, with a small grey square below the first 'M'. The second box contains 'D' at the top left and 'D' at the top right, with a small grey square below the first 'D'. The third box contains 'Y' at the top left, 'Y' at the top middle, 'Y' at the top right, and 'Y' at the top far right, with small grey squares below each 'Y'. The boxes are separated by slashes (/).

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

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

364.30

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

364.30



**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 33 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Braley For Iowa**

Mailing Address PO Box 856

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement  
campaign contribution

Candidate Name

**Bruce Braley**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : 52472231**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Sherman For Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Brad Sherman**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : 52473011**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee (DCCC)**

Mailing Address 430 South Capitol St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : 52473481**

Amount of Each Disbursement this Period

5000.00
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campaign contribution

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

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Carper For Senate**

Mailing Address PO Box 2882

City  
WilmingtonState  
DEZip Code  
19805Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : 52474039**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City  
CatonsvilleState  
MDZip Code  
21228Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Benjamin Cardin**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: MD

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : 52474505**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Mcnerney For Congress**

Mailing Address P.O. Box 690371

City  
StocktonState  
CAZip Code  
95269Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Jerry McNerney**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: CA

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : 52475011**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

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

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kirk For Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

**Transaction ID : 52475433**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Mark Steven Kirk**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Mailing Address PO Box 17813

City	State	Zip Code
Richmond	VA	23226

**Transaction ID : 52476016**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Eric I. Cantor**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 07

campaign contribution

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

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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

4500.00

14500.00