

**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)☐ 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
03 01 2013

through

M M M / D D D / Y Y Y Y Y Y
03 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
04 15 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
03 01 2013 To: M M / D D / Y Y Y Y Y Y
03 31 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		65985.19
(b) Cash on Hand at Beginning of Reporting Period.....	49088.46	
(c) Total Receipts (from Line 19)	15920.17	30472.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65008.63	96457.66
7. Total Disbursements (from Line 31)	21681.56	53130.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43327.07	43327.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
03 01 2013

To:

M M / D D / Y Y Y Y Y
03 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).....

1415.38

2170.80

(ii) Unitemized

13498.68

27281.76

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14914.06

29452.56

(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)

14914.06

29452.56

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

1000.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

6.11

19.91

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))..... ▶

15920.17

30472.47

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

15920.17

30472.47

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	181.56	630.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181.56	630.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	52500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	21681.56	53130.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21681.56	53130.59

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)	14914.06	29452.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14914.06	29452.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	181.56	630.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	181.56	630.59

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 6 OF 14

☒ 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. Anne Frances Cronin

Mailing Address 970 Stewart St

City

Morgantown

State

WV

Zip Code

26505-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.22

Date of Receipt

03 / 09 / 2013

Transaction ID : 50245438

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Deborah Lynn Hinerfeld

Mailing Address 2820 Stoneglen Close

City

Roswell

State

GA

Zip Code

30076-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Atlanta Speech School

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 05 / 2013

Transaction ID : 50245497

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Renee Skidmore

Mailing Address 1204 Dutilh Rd Apt 8

City

Cranberry Township

State

PA

Zip Code

16066-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 07 / 2013

Transaction ID : 50245505

Amount of Each Receipt this Period

365.00

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

760.38

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)

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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. Stuart T Kuchel

Mailing Address 2114 Gentle St

City State Zip Code
Cody WY 82414-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moving on Therapy PC

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 Y
03 / 06 / 2013

Transaction ID : 50245506

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Anne Frances Cronin

Mailing Address 970 Stewart St

City State Zip Code
Morgantown WV 26505-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : 50482481

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Anne E Knouse

Mailing Address 5709 Danbury Dr

City State Zip Code
South Bend IN 46614-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Rehab Consulting & Mgmt Svcs

Occupation

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 Y
03 / 17 / 2013

Transaction ID : 50495360

Amount of Each Receipt this Period

250.00

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

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

655.00

1415.38

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 14

(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. Citizens For Harkin

Mailing Address P O Box 811

City

Des Moines

State

IA

Zip Code

50304

FEC ID number of contributing
federal political committee.

C C00166827

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2013

Transaction ID : 50475712

Amount of Each Receipt this Period

1000.00

Refund of Campaign Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

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

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

1000.00

1000.00

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

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	3			1	5						2013

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

Transaction ID : 50478137

Purpose of Disbursement
Bank fees on checking account

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

181.56

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

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

Bank fees on checking account

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

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

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

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

181.56

181.56

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Murphy For Congress

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Tim F. MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : 50242005

Amount of Each Disbursement this Period

2000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : 50242006

Amount of Each Disbursement this Period

2000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Mccollum For Congress

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Betty McCollumOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : 50242007

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)..... ►

5000.00

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Collins For Senator

Mailing Address PO Box 1096

City Bangor	State ME	Zip Code 04402
----------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Susan M. CollinsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : 50242008

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
PO Box 221

City Albany	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : 50242009

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Enzi For Us Senate

Mailing Address PO Box 2775

City Cody	State WY	Zip Code 82414
--------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Michael B. EnziOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : 50242010

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Mailing Address P.O. Box 696

City	State	Zip Code
Madison	WI	53701

Transaction ID : 50242011Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Tammy BaldwinCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

campaign contribution

State: WI District: 02

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Mailing Address PO Box 60405

City	State	Zip Code
Worcester	MA	01606

Transaction ID : 50242012Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. James P. McGovernCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

campaign contribution

State: MA District: 02

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Transaction ID : 50242013Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Joseph J. HeckCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

campaign contribution

State: NV District: 03

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2014 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 50242014Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Lamar AlexanderCategory/
Type

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

campaign contribution

State: TN

District:

Full Name (Last, First, Middle Initial)

B. Friends For Harry Reid

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Mailing Address P.O. Box 19163

City	State	Zip Code
Las Vegas	NV	89132

Transaction ID : 50242015Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Sen. Harry ReidCategory/
Type

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

campaign contribution

State: NV

District:

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Mailing Address 5915 Eastman Avenue
Suite 100

City	State	Zip Code
Midland	MI	48640

Transaction ID : 50242017Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. David Lee CampCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

campaign contribution

State: MI

District: 04

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

3500.00

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

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jim Gerlach For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

Transaction ID : 50242019Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. James W. GerlachCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

campaign contribution

Full Name (Last, First, Middle Initial)

B. Ron Barber For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732

Transaction ID : 50242028Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Ron BarberCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 02

campaign contribution

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

Transaction ID : 50242030Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Mark Steven KirkCategory/
Type

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

campaign contribution

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

5500.00

21500.00