

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 Bethesda MD 20814-3449

2. FEC IDENTIFICATION NUMBER C00089086 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06/01/2017 through 06/30/2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Metzler, Christina A., , , Type or Print Name of Treasurer

Signature of Treasurer Metzler, Christina A., , , [Electronically Filed] Date 07/11/2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		65952.56
(b) Cash on Hand at Beginning of Reporting Period.....	95165.59	
(c) Total Receipts (from Line 19)	9845.15	97311.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105010.74	163264.54
7. Total Disbursements (from Line 31).....	20053.19	78306.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	84957.55	84957.55
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

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
06 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

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).....	3080.20	31734.38
(ii) Unitemized	6745.71	65477.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9825.91	97211.99
(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)	9825.91	97211.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	19.24	99.99
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)).....▶	9845.15	97311.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9845.15	97311.98

DETAILED SUMMARY PAGE
of Disbursements

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	253.19	1706.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	253.19	1706.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19800.00	76600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20053.19	78306.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20053.19	78306.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9825.91	97211.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9825.91	97211.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	253.19	1706.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	253.19	1706.99

**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 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Richman, Nancy, Z, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1268 Sheridan Rd
 City Highland Park State IL Zip Code 60035-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glantz/Richman Rehabilitation Assoc. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 05 / 2017
Transaction ID : 75622475
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Vance, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Osage Trl
 City Westcliffe State CO Zip Code 81252-9662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupational Therapist Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2017
Transaction ID : 75622477
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Solomon, Amy, Hahn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9568 La Quinta Dr
 City Lone Tree State CO Zip Code 80124-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pima Medical Institute Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 370.02

Date of Receipt 06 / 02 / 2017
Transaction ID : 75622501
 Amount of Each Receipt this Period 51.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	751.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
<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)

A. Vaughn, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 Granville Rd
 City Southwick State MA Zip Code 01077-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bay Path College Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.90

Date of Receipt 06 / 04 / 2017
Transaction ID : 75622504
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Randall, Yvonne, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro University Nevada Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 06 / 03 / 2017
Transaction ID : 75622514
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Bell, Esther, Bernice, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Mcclure St
 City Gonzales State TX Zip Code 78629-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt 06 / 03 / 2017
Transaction ID : 75622516
 Amount of Each Receipt this Period 60.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	181.25
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 8 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Burkhardt, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Hope St
 City Bristol State RI Zip Code 02809-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Drake University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.48

Date of Receipt 06 / 03 / 2017
Transaction ID : 75622517
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Robinson, Laura, Elizabeth, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 87
 City New Era State MI Zip Code 49446-0087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heartland Health Care Center of Ann Ar Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.48

Date of Receipt 06 / 06 / 2017
Transaction ID : 75622525
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Ward, Gretchen, Renee, Miss,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9144 Kershaw Ct
 City Manassas State VA Zip Code 20110-4263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupational Therapist Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.48

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645276
 Amount of Each Receipt this Period 30.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dorne, Rachelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Nw 82nd Ave Apt 604
 City Plantation State FL Zip Code 33324-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nova Southeastern University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.48

Date of Receipt 06 / 10 / 2017
Transaction ID : 75645336
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Clark, David, Dennis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1012 Demorest Mount Airy Hwy
 City Mount Airy State GA Zip Code 30563-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.02

Date of Receipt 06 / 08 / 2017
Transaction ID : 75645342
 Amount of Each Receipt this Period 60.83
 Memo Item

C. Hinds, Janice, Diane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2467 S Lincoln St
 City Denver State CO Zip Code 80210-5016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Col Dept of Human Services, Col Mental Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645343
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	141.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<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)

A. Haertling, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7200 Alameda Rd Apt 527
 City Houston State TX Zip Code 77054-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TIRR Memorial/Hermann Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.02

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645346
 Amount of Each Receipt this Period 60.83
 Memo Item

B. Brockevelt, Barbara, Thoreson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 414 E Clark St Lee Medical, Room 302
 City Vermillion State SD Zip Code 57069-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of South Dakota Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.48

Date of Receipt 06 / 13 / 2017
Transaction ID : 75645349
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Robinson, Monica, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 W 10th Ave
 City Columbus State OH Zip Code 43210-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645350
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
<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)

A. Piazza, Rebecca, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12014 Nw 136th St
 City Alachua State FL Zip Code 32615-6549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UF Health Shands Rehab Hospital Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.49

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645351
 Amount of Each Receipt this Period 60.83
 Memo Item

B. Duran, Gerri, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4920 Calle De Tierra Ne
 City Albuquerque State NM Zip Code 87111-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupational Therapist Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.02

Date of Receipt 06 / 11 / 2017
Transaction ID : 75645356
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Harvison, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Ridge Rd
 City New Milford State CT Zip Code 06776-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Occupational Therapy Associat Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645357
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.17
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 12 OF 24
<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)

A. Cronin, Anne, Frances, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 9139
 City Morgantown State WV Zip Code 26506-9139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2017
Transaction ID : 75645359
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Moore, Jennifer, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1195 Westcliffe Drive
 City Little Rock State AR Zip Code 72210-4784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Central Arkansas Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.48

Date of Receipt 06 / 12 / 2017
Transaction ID : 75645360
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Fisher, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 S Elmwood Ave
 City Oak Park State IL Zip Code 60304-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Illinois Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 274.98

Date of Receipt 06 / 08 / 2017
Transaction ID : 75645361
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
<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)

A. Pickett, Sara, Gwynellyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3076 48th Ave Ne
 City Salem State OR Zip Code 97305-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon State Hosp Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 06 / 24 / 2017
Transaction ID : 75749131
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Scheerer, Carol, Rose, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 Saint James Ave Apt 4
 City Cincinnati State OH Zip Code 45206-3611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Xavier University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.02

Date of Receipt 06 / 25 / 2017
Transaction ID : 75749166
 Amount of Each Receipt this Period 60.83
 Memo Item

C. Sonnier, Dawn, Albarado, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 317
 City Watson State LA Zip Code 70786-0317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DHH NORTHLAKE SUPPORTS AND SERVICES CE Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.02

Date of Receipt 06 / 24 / 2017
Transaction ID : 75749173
 Amount of Each Receipt this Period 60.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	136.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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)

A. Lamb, Amy, Jo, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7024 N Meadows Way
 City Dexter State MI Zip Code 48130-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Michigan Univ. and DBA/ AJ Lam Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.52

Date of Receipt 06 / 24 / 2017
Transaction ID : 75749174
 Amount of Each Receipt this Period 70.42
 Memo Item

B. Arnold, Mary, Margaret, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1119 Maysville Ave
 City Zanesville State OH Zip Code 43701-5557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zane State College Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.48

Date of Receipt 06 / 20 / 2017
Transaction ID : 75749176
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Heim, Barbara, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 1025
 City Remsenburg State NY Zip Code 11960-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Complete Rehab Consultants Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2017
Transaction ID : 75749181
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.84
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: (check only one)	PAGE 15 OF 24
<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)

A. Argabrite Grove, Rebecca, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41718 Browns Farm Ln
 City Leesburg State VA Zip Code 20176-6026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Occupational Therapy Associat Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2017
Transaction ID : 75749182
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Berthelette, Michael, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 S Cameron Ave
 City Tampa State FL Zip Code 33611-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMR Health Services, Inc. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 22 / 2017
Transaction ID : 75749185
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Weissberg, Kathleen, D, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Beaufort Lane
 City Milford State DE Zip Code 19963-3780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endura Care Therapy Mgmt Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.02

Date of Receipt 06 / 17 / 2017
Transaction ID : 75749187
 Amount of Each Receipt this Period 60.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.83
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 16 OF 24
<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)

A. Brady, Catherine, Patricia, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24409 S Meadowood Rd
 City Crete State IL Zip Code 60417-9715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Governors State University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.48

Date of Receipt 06 / 23 / 2017
Transaction ID : 75749191
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Clearman, Robin, Van, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7200 Almeda Rd Apt 527
 City Houston State TX Zip Code 77054-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wishing Well Pediatric Therapy Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 271.81

Date of Receipt 06 / 17 / 2017
Transaction ID : 75749195
 Amount of Each Receipt this Period 57.27
 Memo Item

C. Braveman, Brent, Howard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Hermann Park Ct Apt 432
 City Houston State TX Zip Code 77021-2293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M.D. Anderson Cancer Center Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt 06 / 19 / 2017
Transaction ID : 75749196
 Amount of Each Receipt this Period 60.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	148.52
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 17 OF 24
<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)

A. Bryze, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4001 Elm St
 City Downers Grove State IL Zip Code 60515-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwestern Univ Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2017
Transaction ID : 75749197
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wolf, Timothy, Justin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 Mayflower Dr
 City Wentzville State MO Zip Code 63385-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Missouri Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2017
Transaction ID : 75749200
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Kreger, Margo, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3603 Hillside Dr
 City Cedar Falls State IA Zip Code 50613-5877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allen College Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 304.15

Date of Receipt 06 / 28 / 2017
Transaction ID : 75820342
 Amount of Each Receipt this Period 60.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.50
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 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eberhardt, Kathryn, Melin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 North Rebecca Street
 City Glenwood State IL Zip Code 60425-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Suburban College Occupation (for Individual) Occupational Therapy Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt 06 / 30 / 2017
Transaction ID : 75820343
 Amount of Each Receipt this Period 60.83
 Memo Item

B. Robosan-Burt, Susan, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Santa Maria Dr
 City Hilton Head Island State SC Zip Code 29926-1970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Enhancement Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.24

Date of Receipt 06 / 28 / 2017
Transaction ID : 75820344
 Amount of Each Receipt this Period 22.08
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	82.91
TOTAL This Period (last page this line number only).....▶	3080.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City
Atlanta

State
GA

Zip Code
30302

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75648354

Amount of Each Disbursement this Period

Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Coffman For Congress 2018

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Coffman, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C C00629287

Transaction ID : 75641253

Amount of Each Disbursement this Period

1000.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C C00420935

Transaction ID : 75641254

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Davis For Congress

Mailing Address P.O. Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Davis, Susan, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C C00344671

Transaction ID : 75641255

Amount of Each Disbursement this Period

1000.00

campaign contribution

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lofgren For Congress

Mailing Address C/O Contribution Solutions, Llc
1346 The Alameda, Ste. 7-380

City San Jose State CA Zip Code 95126

Purpose of Disbursement
campaign contribution

Category/
Type

Candidate Name
Lofgren, Zoe, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 19

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75641256

Amount of Each Disbursement this Period

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
campaign contribution

Category/
Type

Candidate Name
Bilirakis, Gus, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75641257

Amount of Each Disbursement this Period

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
campaign contribution

Category/
Type

Candidate Name
Shimkus, John, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75641258

Amount of Each Disbursement this Period

campaign contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Elise For Congress		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address PO Box 500		FEC Identification Number C00547893 Transaction ID : 75641259
City Glens Falls	State NY	Zip Code 12801
Purpose of Disbursement campaign contribution		Amount of Each Disbursement this Period 2500.00 campaign contribution
Candidate Name Stefanik, Elise, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 21	

Full Name (Last, First, Middle Initial) B. Scott Peters For Congress		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address PO Box 22074		FEC Identification Number C00503110 Transaction ID : 75641260
City San Diego	State CA	Zip Code 92192
Purpose of Disbursement campaign contribution		Amount of Each Disbursement this Period 1000.00 campaign contribution
Candidate Name Peters, Scott, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 52	

Full Name (Last, First, Middle Initial) C. Joe Kennedy For Congress		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address PO Box 590464		FEC Identification Number C00512970 Transaction ID : 75641261
City Newton	State MA	Zip Code 02459
Purpose of Disbursement campaign contribution		Amount of Each Disbursement this Period 1000.00 campaign contribution
Candidate Name Kennedy, Joseph, P., Rep., III		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA	District: 04	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tammy For Illinois

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Duckworth, L Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C C00574889

Transaction ID : 75641262

Amount of Each Disbursement this Period

300.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bonamici For Congress

Mailing Address PO Box 1632

City Beaverton State OR Zip Code 97075

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Bonamici, Suzanne, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: OR District: 01

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C C00500421

Transaction ID : 75641263

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Lee For Congress

Mailing Address 333 Hegenberger Rd, Ste 369

City Oakland State CA Zip Code 94621

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Lee, Barbara, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C C00331769

Transaction ID : 75641264

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

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

5300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Mailing Address 1071 Twin Branch Ln

FEC Identification Number

C	C00385773
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City Weston State FL Zip Code 33326

Transaction ID : 75748117

Purpose of Disbursement
campaign contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Wasserman-Schultz, Debbie, , Rep.,

campaign contribution

Office Sought: House
 Senate
 President
State: FL District: 23

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
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City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

FEC Identification Number

C	
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City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

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

1000.00

19800.00
