

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 Bethesda MD 20814-3449

2. FEC IDENTIFICATION NUMBER C 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 12 / 01 / 2017 through 12 / 31 / 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 01 / 17 / 2018

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<br>This Period               | COLUMN B<br>Calendar Year-to-Date      |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2017"/>  | <input type="text" value=""/>         | <input type="text" value="65952.56"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="67765.01"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="16501.20"/> | <input type="text" value="180075.87"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="84266.21"/> | <input type="text" value="246028.43"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="11486.85"/> | <input type="text" value="173249.07"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="72779.36"/> | <input type="text" value="72779.36"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 7603.37                       | 64512.63                          |
| (ii) Unitemized .....   | 8881.43                       | 115362.05                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 16484.80                      | 179874.68                         |
| (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) .....  | 16484.80                      | 179874.68                         |
| 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.).....   | 16.40                         | 201.19                            |
| 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)).....▶                         | 16501.20                      | 180075.87                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 16501.20                      | 180075.87                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 486.85                        | 3924.07                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 486.85                        | 3924.07                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 11000.00                      | 169300.00                         |
| 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                          | 25.00                             |
| (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                          | 25.00                             |
| 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)) ..      | 11486.85                      | 173249.07                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11486.85                      | 173249.07                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 16484.80                              | 179874.68                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 25.00                                     |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 16484.80                              | 179849.68                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 486.85                                | 3924.07                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 486.85                                | 3924.07                                   |

**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 46  |
| <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. Kalahar, Julie, Renee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Lake Area Technical Institute Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856658**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Schulz, Trina, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Noble St  
 City Shawnee State KS Zip Code 66226-9797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Kansas Hospital Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : 76856659**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Wright, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Seaport Dr Apt 609  
 City Quincy State MA Zip Code 02171-1580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sensational Solutions Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 292.72

Date of Receipt 12 / 02 / 2017  
**Transaction ID : 76856660**  
 Amount of Each Receipt this Period 24.09  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 96.18 |
| <b>TOTAL</b> 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 46 |
|   | <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. Mahoney, Kim Ann, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 Puritan Ave  
 City Bronx State NY Zip Code 10461-6153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Top Health Occupation (for Individual) Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.78

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856661**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. Panczykowski, Heather, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1503 Forest Acres Dr  
 City Greenville State NC Zip Code 27834-6657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jamestown Community College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 12 / 04 / 2017  
**Transaction ID : 76856662**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Alig, Kelly, Landry, DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Gravier St  
 City New Orleans State LA Zip Code 70112-2262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisiana State University HSC New Orl Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 547.47

Date of Receipt 12 / 04 / 2017  
**Transaction ID : 76856663**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 121.67 |
| <b>TOTAL</b> 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 46 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Sames, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1363 Saint Andrew Blvd  
 City Eagan State MN Zip Code 55123-2157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Catherine Univ. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.72

Date of Receipt 12 / 04 / 2017  
**Transaction ID : 76856664**  
 Amount of Each Receipt this Period 24.09  
 Memo Item

**B. 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 ▼ 705.04

Date of Receipt 12 / 02 / 2017  
**Transaction ID : 76856665**  
 Amount of Each Receipt this Period 51.67  
 Memo Item

**C. 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 ▼ 395.42

Date of Receipt 12 / 04 / 2017  
**Transaction ID : 76856667**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 106.18 |
| <b>TOTAL</b> 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 46                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Mclaughlin, Jennifer, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Ruth Ellen Ct S  
 City Newark State DE Zip Code 19711-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PUMH, Inc. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : 76856668**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Simons, Dianne, Franklin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3009 Huntwick Ct  
 City Richmond State VA Zip Code 23233-7741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : 76856669**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Kroll, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 Chase Blvd  
 City Greenwood State IN Zip Code 46142-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthcare Therapy Service Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 435.78

Date of Receipt 12 / 06 / 2017  
**Transaction ID : 76856671**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 140.42 |
| <b>TOTAL</b> 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 46   |
| <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 ▼ 675.00

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856672**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Moyer, Elizabeth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 266 Kees St  
 City Lebanon State OR Zip Code 97355-2435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Linn Benton Community College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856673**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dow-Royer, Dr. Cathy, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 Boston Rd Apt Q168  
 City Wilbraham State MA Zip Code 01095-1175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Intl College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : 76856675**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00 |
| <b>TOTAL</b> 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 46 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Hoskins, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1613 Kirkby Ln  
 City Raleigh State NC Zip Code 27614-7228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DBA/ Legacy Health Care Services Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : 76856679**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Fleming-Castaldy, Rita, Patricia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 551 Sudbury St  
 City Marlborough State MA Zip Code 01752-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Scranton Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 434.62

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856681**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Worrell, Kristi, Kay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 87th Ave  
 City Hudson State WI Zip Code 54016-7074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Functional Kids Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856684**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1200.00 |
| <b>TOTAL</b> 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 46   |
| <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. Worrell, Kristi, Kay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 87th Ave  
 City Hudson State WI Zip Code 54016-7074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Functional Kids Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 05 / 2017**  
**Transaction ID : 76856685**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ekelman, Beth, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E 272nd St  
 City Euclid State OH Zip Code 44132-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland State University Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 06 / 2017**  
**Transaction ID : 76856686**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Achenbach, Christine, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1353 Mill Rd  
 City Elizabethtown State PA Zip Code 17022-1235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elizabethtown College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.24

Date of Receipt **12 / 06 / 2017**  
**Transaction ID : 76856687**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 240.00 |
| <b>TOTAL</b> 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 46   |
| <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. Feldman, Elizabeth, Lilly, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 Athol Ave

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Oakland | State<br>CA | Zip Code<br>94606-1418 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Not Employed | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 05    | / | 2017        |

**Transaction ID : 76856698**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Darragh, Amy, Rowntree, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 453 W 10th Ave

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbus | State<br>OH | Zip Code<br>43210-2205 |
|------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Ohio State University | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 04    | / | 2017        |

**Transaction ID : 76856711**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Bell, Esther, Bernice, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 Mcclure St

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Gonzales | State<br>TX | Zip Code<br>78629-4213 |
|------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 03    | / | 2017        |

**Transaction ID : 76856712**

Amount of Each Receipt this Period  
60.83

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 280.83 |
| <b>TOTAL</b> 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 46   |
| <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. 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 ▼ 354.58

Date of Receipt 12 / 05 / 2017  
**Transaction ID : 76856715**  
 Amount of Each Receipt this Period 91.26  
 Memo Item

**B. 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 ▼ 465.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : 76856717**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Fleming-Castaldy, Rita, Patricia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 551 Sudbury St  
 City Marlborough State MA Zip Code 01752-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Scranton Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : 76856718**  
 Amount of Each Receipt this Period 30.38  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 152.06 |
| <b>TOTAL</b> 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 46   |
| <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. Flick, Jami, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 930 Madison Ave Ste 601

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38103-3410 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Univ. of Tennessee HSC | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2017        |

**Transaction ID : 76856720**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Bagby, Lisa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 California Plz  
Boyne 103f

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68178-0133 |
|---------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Creighton Univ. | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2017        |

**Transaction ID : 76856721**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Fischbach, Jayna, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 E Locust St Unit 203

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Des Moines | State<br>IA | Zip Code<br>50309-1929 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Drake University | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
304.20

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 01    | / | 2017        |

**Transaction ID : 76856722**

Amount of Each Receipt this Period  
30.42

Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 75.42 |
| <b>TOTAL</b> 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 46   |
| <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. Robinson, Laura, Elizabeth, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Po Box 87

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>New Era | State<br>MI | Zip Code<br>49446-0087 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Heartland Health Care Center of Ann Ar | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2017        |

**Transaction ID : 76856723**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.42 |
|-------|

 Memo Item

**B. Decker, Thomas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3022 Bent Creek Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Valrico | State<br>FL | Zip Code<br>33596-8287 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>NOVA Southeastern Univ. | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 05    | / | 2017        |

**Transaction ID : 76856724**

Amount of Each Receipt this Period  

|       |
|-------|
| 20.00 |
|-------|

 Memo Item

**C. Mistovich, Cathy, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2631 Monaldi Pkwy

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Dyer | State<br>IN | Zip Code<br>46311-2134 |
|--------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>South Suburban College | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 04    | / | 2017        |

**Transaction ID : 76856729**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.42 |
|-------|

 Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 80.84 |
| <b>TOTAL</b> 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 46   |
| <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. 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 ▼ 1730.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : 76856730**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. Bazyk, John, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 W 103rd St  
 City Cleveland State OH Zip Code 44102-1622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland State Univ./retired Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 76901153**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Davis, Diana, Rae, ,**  
 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 Univ Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901177**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 420.42 |
| <b>TOTAL</b> 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 46 |
|   | <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. Parolise, Michelle, Rae, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6822 Loyola Dr  
 City Huntington Beach State CA Zip Code 92647-4054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Santa Ana College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901178**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. 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 ▼ 385.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : 76901181**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Singleton, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6604 Nagoya Rd Ne  
 City Rio Rancho State NM Zip Code 87144-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Presbyterian Home Health Svcs Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : 76901182**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 91.26 |
| <b>TOTAL</b> 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 19 OF 46 |
|   | <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. Kroll, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 Chase Blvd  
 City Greenwood State IN Zip Code 46142-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthcare Therapy Service Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 466.20

Date of Receipt 12 / 07 / 2017  
**Transaction ID : 76901183**  
 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 ▼ 730.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 76901184**  
 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 ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901185**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 141.25 |
| <b>TOTAL</b> 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 20 OF 46   |
| <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. Pearson, Adam, Cisroe, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1562 Sanford Ave  
 City Saint Louis State MO Zip Code 63139-3602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peter & Paul Community Services, Inc. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901186**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Maisano, Kristen, Leigh, DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6542 Old Carriage Dr  
 City Alexandria State VA Zip Code 22315-5037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trinity Washington University Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901187**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Haertling, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1911 Holcombe Blvd Apt 1020  
 City Houston State TX Zip Code 77030-4184  
 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 ▼ 830.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901188**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 111.25 |
| <b>TOTAL</b> 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 21 OF 46 |
|   | <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. Kern, Stephen, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1023 Kimball St  
 City Philadelphia State PA Zip Code 19147-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson Univ Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 567.47

Date of Receipt 12 / 11 / 2017  
**Transaction ID : 76901190**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

**B. Robinson, Monica, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 453 W 10th Ave, 406b  
 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 ▼ 1200.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901191**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 697.47

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901192**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 221.66 |
| <b>TOTAL</b> 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 22 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Androyna, Sara, Marie, MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50634 Jefferson Apt # 219

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>New Baltimore | State<br>MI | Zip Code<br>48047-2369 |
|-----------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Lapeer County Intermediate School Dist | Occupation (for Individual)<br>Occupational Therapy Assistant |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2017        |

**Transaction ID : 76901193**

Amount of Each Receipt this Period  
30.42

Memo Item

**B. Marshall, Lisa, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Wesley Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Hockessin | State<br>DE | Zip Code<br>19707-9624 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>DBA Specialty Rehab Inc. | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 10    |   | 2017        |

**Transaction ID : 76901194**

Amount of Each Receipt this Period  
100.00

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<br>Houston | State<br>TX | Zip Code<br>77021-2293 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>M.D. Anderson Cancer Center | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
769.17

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 10    |   | 2017        |

**Transaction ID : 76901198**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 230.42 |
| <b>TOTAL</b> 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 23 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. 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 ▼ 1830.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : 76901208**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Baum, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4444 Forest Park Ave  
 City Saint Louis State MO Zip Code 63108-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington Univ School of Medicine Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 76901210**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Costa, Donna, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2079 Oliver Springs St  
 City Henderson State NV Zip Code 89052-8556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stony Brook University Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : 76901211**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 165.42 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 OF 46 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. 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 ▼ 505.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : 76901212**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. McKinnon, Sarah, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 722 E 2nd St Unit 2  
 City Boston State MA Zip Code 02127-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mass. General Hospital Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : 76901213**  
 Amount of Each Receipt this Period  
 116.66  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : 76901214**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 198.33 |
| <b>TOTAL</b> 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 25 OF 46   |
| <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. Dickerson, Anne, Elizabeth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Planters Walk  
 City Greenville State NC Zip Code 27858-8426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Carolina Univ Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : 76901215**  
 Amount of Each Receipt this Period 30.42  
 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 ▼ 515.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : 76901216**  
 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 ▼ 525.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 76901217**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.51 |
| <b>TOTAL</b> 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 46   |
| <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. 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 ▼ 580.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : 76901218**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Rotert, Denise, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2609 S Prairie Ave  
 City Sioux Falls State SD Zip Code 57105-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Occupational Therapy Associat Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : 76912694**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sammons, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2622 Winchell Ave  
 City Kalamazoo State MI Zip Code 49008-2120  
 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 ▼ 465.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : 76953568**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 241.67 |
| <b>TOTAL</b> 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 27 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <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. Weissberg, Kathleen, D, DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Beaufort Lane

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Milford | State<br>DE | Zip Code<br>19963-3780 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Endura Care Therapy Mgmt | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2017        |

**Transaction ID : 76953607**

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

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Vermillion | State<br>SD | Zip Code<br>57069-2307 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>The University of South Dakota | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 13    | / | 2017        |

**Transaction ID : 76953608**

Amount of Each Receipt this Period  
30.42

Memo Item

**C. Clearman, Robin, Van, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 Holcombe Blvd  
Apt. # 1020

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77030-4124 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Wishing Well Pediatric Therapy | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
615.43

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2017        |

**Transaction ID : 76953610**

Amount of Each Receipt this Period  
57.27

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 148.52 |
| <b>TOTAL</b> 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 28 OF 46   |
| <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. Kroll, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 Chase Blvd  
 City Greenwood State IN Zip Code 46142-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthcare Therapy Service Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 14 / 2017  
**Transaction ID : 76953622**  
 Amount of Each Receipt this Period 33.80  
 Memo Item

**B. 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 ▼ 750.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : 76953623**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Fleming-Castaldy, Rita, Patricia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 551 Sudbury St  
 City Marlborough State MA Zip Code 01752-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Scranton Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2017  
**Transaction ID : 76953624**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 118.80 |
| <b>TOTAL</b> 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 29 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Koverman, Brenda, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 W Diversey Pkwy Apt 1503  
 City Chicago State IL Zip Code 60657-6206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2017  
**Transaction ID : 76953626**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Johnson, Jennifer, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1126 N Cedar St  
 City Abilene State KS Zip Code 67410-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hoover Bachman Assoc Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : 76953643**  
 Amount of Each Receipt this Period 30.42  
 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 ▼ 830.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : 76953649**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 491.25 |
| <b>TOTAL</b> 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 30 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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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 ▼ 1200.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : 76953650**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Toto, Pamela, Ellen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7008 Lyons View Ct  
 City Murrysville State PA Zip Code 15668-1056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Pittsburgh Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : 76953651**  
 Amount of Each Receipt this Period 30.38  
 Memo Item

**C. 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 ▼ 500.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : 76953653**  
 Amount of Each Receipt this Period 41.63  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 172.01 |
| <b>TOTAL</b> 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 31 OF 46   |
| <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. Tilton, Melissa, Jean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Elaine Ave  
 City Saugus State MA Zip Code 01906-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rehab Care Occupation (for Individual) Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.62

Date of Receipt 12 / 14 / 2017  
**Transaction ID : 76953654**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. Ward, Gretchen, Renee, Miss,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Bellview Ave  
 City Winchester State VA Zip Code 22601-3142  
 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 ▼ 385.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : 76953659**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Bernard, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 N Harrison St  
 City Little Rock State AR Zip Code 72205-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grow Learning Center Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : 76953661**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 91.26 |
| <b>TOTAL</b> 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 32 OF 46   |
| <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. 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 ▼ 730.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : 77004725**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

**B. Wryals, Jo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Sw 28th Rd  
 City Miami State FL Zip Code 33129-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupational Therapist Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : 77004726**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Matthews, Kirsten, Rae, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Oakridge Dr  
 City Marquette State MI Zip Code 49855-8865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Therapy Services Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : 77004727**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 116.25 |
| <b>TOTAL</b> 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 33 OF 46   |
| <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. Keener, Allen, Scott, DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1241 29th St S Apt 4

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Birmingham | State<br>AL | Zip Code<br>35205-1964 |
|--------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Wallace State Community College | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 23    | / | 2017        |

**Transaction ID : 77004728**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.42 |
|-------|

 Memo Item

**B. Iffland, Lisa, Kay, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2417 W Gladys Ave

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60612-4806 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Wright College | Occupation (for Individual)<br>Occupational Therapist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 21    | / | 2017        |

**Transaction ID : 77004729**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.42 |
|-------|

 Memo Item

**C. Koenig, Kristie, Patten, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 721 N Jackson St

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Media | State<br>PA | Zip Code<br>19063-2553 |
|---------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Temple University | Occupation (for Individual)<br>Occupational Therapist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 24    | / | 2017        |

**Transaction ID : 77004730**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.42 |
|-------|

 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 91.26 |
| <b>TOTAL</b> 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 34 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. 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 ▼ 730.00

Date of Receipt **12 / 24 / 2017**  
**Transaction ID : 77004731**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

**B. Herz, Nathan, Bernard, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Georgia Health Sciences Univ. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt **12 / 25 / 2017**  
**Transaction ID : 77004732**  
 Amount of Each Receipt this Period 30.42  
 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 ▼ 669.13

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : 77004734**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 152.08 |
| <b>TOTAL</b> 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 35 OF 46   |
| <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 ▼ 730.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : 77004735**  
 Amount of Each Receipt this Period 70.38  
 Memo Item

**B. Bynum, Harriett, Smith, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Cottonwood Dr  
 City Oakdale State PA Zip Code 15071-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kent State University, East Liverpool Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : 77004736**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. 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) Muskingum University Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : 77004737**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 131.22 |
| <b>TOTAL</b> 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 36 OF 46   |
| <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. Valls, Jodie, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 183 Lake Carnegie Ct  
 City Laredo State TX Zip Code 78041-2062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Laredo Community College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : 77004738**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. 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 ▼ 725.00

Date of Receipt **12 / 24 / 2017**  
**Transaction ID : 77004747**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Taylor, Louie-Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 2197  
 City Aberdeen State WA Zip Code 98520-0363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rehab Visions@Grays Harbor Cmnty Hosp. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **12 / 22 / 2017**  
**Transaction ID : 77004748**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 130.42 |
| <b>TOTAL</b> 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 37 OF 46   |
| <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. Harris, Susan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2124 Sunset Blvd  
 City San Diego State CA Zip Code 92103-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Therapy Specialists Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : 77004749**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Price, Mary, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2102 E Somerset Dr  
 City Cottonwood Heights State UT Zip Code 84121-3819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Utah Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : 77004750**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. 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 ▼ 1300.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : 77004751**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 730.42 |
| <b>TOTAL</b> 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 38 OF 46   |
| <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) Retired from Governors State Universit Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 12 / 23 / 2017  
**Transaction ID : 77004754**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. Hines, Debra, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3982 E Herrera Dr  
 City Phoenix State AZ Zip Code 85050-5465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KidzSPOT Pediatric Therapy, Inc. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : 77004755**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Moyers Cleveland, Penelope, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 Cleveland Ave S Apt 10  
 City Saint Paul State MN Zip Code 55116-1261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Catherine Univ Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : 77004756**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 160.84 |
| <b>TOTAL</b> 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 39 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Reitz, Sharon, Thomson, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8544 Window Latch Way  
 City Columbia State MD Zip Code 21045-5637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Towson Univ Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : 77004757**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. 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-Retired Occupation (for Individual) Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : 77004758**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

**C. Kroll, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 Chase Blvd  
 City Greenwood State IN Zip Code 46142-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthcare Therapy Service Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 506.20

Date of Receipt 12 / 13 / 2017  
**Transaction ID : 77004770**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 131.25 |
| <b>TOTAL</b> 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 40 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Tilton, Melissa, Jean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Elaine Ave  
 City Saugus State MA Zip Code 01906-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rehab Care Occupation (for Individual) Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 489.62

Date of Receipt 12 / 27 / 2017  
**Transaction ID : 77004771**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. McCormack, Guy, Louis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 Cantu Ct  
 City Seaside State CA Zip Code 93955-6114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Samuel Merritt Univ. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : 77004775**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 780.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : 77004779**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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 41 OF 46  
(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)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Tilton, Melissa, Jean, ,

Mailing Address 28 Elaine Ave

City Saugus      State MA      Zip Code 01906-2942

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

Name of Employer (for Individual) Rehab Care      Occupation (for Individual) Occupational Therapy Assistant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 529.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017

**Transaction ID : 77004781**

Amount of Each Receipt this Period  
 40.00

Memo Item

**B.** 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) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 40.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 7603.37 |

**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 42 OF 46                          |
| <input 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 checked="" type="checkbox"/> 17 |

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

**A. SunTrust Bank**

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

Mailing Address PO Box 4418, Mail Code 1948

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30302 |
|-----------------|-------------|-------------------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.19

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 29    | / | 2017        |

**Transaction ID : 77004806**

Amount of Each Receipt this Period  
16.40

Memo Item

Interest Earned on Bank Account

**B.**

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

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)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 16.40 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 16.40 |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 43 OF 46 |
|   | <input checked="" type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27<br><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)<br><b>A. SunTrust Bank</b>  |             | Date of Disbursement<br><table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2017</td> </tr> </table> | M M | /           | D D | / | Y Y Y Y Y Y | 12 |  | 20 |  | 2017 |
| M M   | /           | D D  | /   | Y Y Y Y Y Y |     |   |             |    |  |    |  |      |
| 12  |             | 20   |     | 2017        |     |   |             |    |  |    |  |      |
| Mailing Address PO Box 4418, Mail Code 1948   |             |  |     |             |     |   |             |    |  |    |  |      |
| City<br>Atlanta   | State<br>GA | Zip Code<br>30302  |     |             |     |   |             |    |  |    |  |      |
| Purpose of Disbursement<br>Bank Fees on Checking Account  |             | <input type="text" value="001"/><br>Category/Type  |     |             |     |   |             |    |  |    |  |      |
| Candidate Name  |             | FEC Identification Number<br><input type="text" value="C"/><br><b>Transaction ID : 77070968</b>  |     |             |     |   |             |    |  |    |  |      |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |             | Amount of Each Disbursement this Period<br><input type="text" value="486.85"/><br>Bank Fees on Checking Account  |     |             |     |   |             |    |  |    |  |      |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | <input type="checkbox"/> Memo Item   |     |             |     |   |             |    |  |    |  |      |
| State: District:  |             |  |     |             |     |   |             |    |  |    |  |      |

|   |       |  |     |             |     |   |             |  |  |  |  |  |
|---|-------|--|-----|-------------|-----|---|-------------|--|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |       | Date of Disbursement<br><table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | M M | /           | D D | / | Y Y Y Y Y Y |  |  |  |  |  |
| M M   | /     | D D  | /   | Y Y Y Y Y Y |     |   |             |  |  |  |  |  |
|   |       |  |     |             |     |   |             |  |  |  |  |  |
| Mailing Address   |       |  |     |             |     |   |             |  |  |  |  |  |
| City  | State | Zip Code   |     |             |     |   |             |  |  |  |  |  |
| Purpose of Disbursement   |       | <input type="text"/><br>Category/Type  |     |             |     |   |             |  |  |  |  |  |
| Candidate Name  |       | FEC Identification Number<br><input type="text" value="C"/>  |     |             |     |   |             |  |  |  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |       | Amount of Each Disbursement this Period<br><input type="text"/>  |     |             |     |   |             |  |  |  |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       | <input type="checkbox"/> Memo Item   |     |             |     |   |             |  |  |  |  |  |
| State: District:  |       |  |     |             |     |   |             |  |  |  |  |  |

|   |       |  |     |             |     |   |             |  |  |  |  |  |
|---|-------|--|-----|-------------|-----|---|-------------|--|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |       | Date of Disbursement<br><table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | M M | /           | D D | / | Y Y Y Y Y Y |  |  |  |  |  |
| M M   | /     | D D  | /   | Y Y Y Y Y Y |     |   |             |  |  |  |  |  |
|   |       |  |     |             |     |   |             |  |  |  |  |  |
| Mailing Address   |       |  |     |             |     |   |             |  |  |  |  |  |
| City  | State | Zip Code   |     |             |     |   |             |  |  |  |  |  |
| Purpose of Disbursement   |       | <input type="text"/><br>Category/Type  |     |             |     |   |             |  |  |  |  |  |
| Candidate Name  |       | FEC Identification Number<br><input type="text" value="C"/>  |     |             |     |   |             |  |  |  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |       | Amount of Each Disbursement this Period<br><input type="text"/>  |     |             |     |   |             |  |  |  |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       | <input type="checkbox"/> Memo Item   |     |             |     |   |             |  |  |  |  |  |
| State: District:  |       |  |     |             |     |   |             |  |  |  |  |  |

|   |                                     |
|---|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶      | <input type="text" value="486.85"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | <input type="text" value="486.85"/> |

**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. Donovan For Congress**

Mailing Address PO Box 60530

City  
Staten Island

State  
NY

Zip Code  
10306

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Donovan, Daniel, M., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

|    |   |   |    |   |   |    |    |   |   |   |   |
|----|---|---|----|---|---|----|----|---|---|---|---|
| M  | M | / | D  | D | / | Y  | Y  | Y | Y | Y | Y |
| 12 |   |   | 19 |   |   | 20 | 17 |   |   |   |   |

FEC Identification Number

C C00571869

**Transaction ID : 76936338**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep., M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TX District: 26

Date of Disbursement

|    |   |   |    |   |   |    |    |   |   |   |   |
|----|---|---|----|---|---|----|----|---|---|---|---|
| M  | M | / | D  | D | / | Y  | Y  | Y | Y | Y | Y |
| 12 |   |   | 19 |   |   | 20 | 17 |   |   |   |   |

FEC Identification Number

C C00372532

**Transaction ID : 76936405**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cartwright For Congress**

Mailing Address PO Box 414

City  
Scranton

State  
PA

Zip Code  
18501

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Cartwright, Matt, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

|    |   |   |    |   |   |    |    |   |   |   |   |
|----|---|---|----|---|---|----|----|---|---|---|---|
| M  | M | / | D  | D | / | Y  | Y  | Y | Y | Y | Y |
| 12 |   |   | 19 |   |   | 20 | 17 |   |   |   |   |

FEC Identification Number

C C00509968

**Transaction ID : 76936426**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

campaign contribution

Memo Item

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

|         |
|---------|
| 3000.00 |
|---------|

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

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED 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 (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name  
**Heller, Dean, , Sen.,**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

FEC Identification Number  
**C** C00494229  
**Transaction ID : 76936454**  
Amount of Each Disbursement this Period  
1000.00  
campaign contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name  
**Wasserman-Schultz, Debbie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify)  
State: FL District: 23

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

FEC Identification Number  
**C** C00385773  
**Transaction ID : 76936480**  
Amount of Each Disbursement this Period  
1500.00  
campaign contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name  
**Harper, Gregg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: MS District: 03

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

FEC Identification Number  
**C** C00441295  
**Transaction ID : 76936516**  
Amount of Each Disbursement this Period  
1000.00  
campaign contribution  
 Memo Item

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary 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. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City  
East Lansing

State  
MI

Zip Code  
48826

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: MI

District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2017

FEC Identification Number

C C00344473

**Transaction ID : 76936539**

Amount of Each Disbursement this Period

1000.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Buchanan, Vern, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: FL

District: 16

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2017

FEC Identification Number

C C00412759

**Transaction ID : 76936587**

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address PO Box 10847

City  
Rochester

State  
NY

Zip Code  
14610

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Reed, Tom, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NY

District: 23

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2017

FEC Identification Number

C C00464032

**Transaction ID : 76936652**

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)..... ▶

11000.00