

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

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

C C00089086 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period 06 / 01 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer Christina A. Metzler [Electronically Filed] Date 07 / 10 / 2014

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

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="94201.47"/>	<input type="text" value="94201.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86053.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21784.41"/>	<input type="text" value="92864.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107838.30"/>	<input type="text" value="187065.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38298.82"/>	<input type="text" value="117526.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69539.48"/>	<input type="text" value="69539.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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 Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2778.70	23848.32
(ii) Unitemized	18997.00	68964.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21775.70	92813.15
(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)	21775.70	92813.15
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.).....	8.71	51.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21784.41	92864.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21784.41	92864.25

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	248.82	1306.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	248.82	1306.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	115670.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(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)).....	50.00	50.00
29. Other Disbursements	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38298.82	117526.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38298.82	117526.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21775.70	92813.15
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21725.70	92763.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	248.82	1306.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	248.82	1306.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Sandra Hoskins
Full Name (Last, First, Middle Initial)
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 DBA/ Legacy Health Care Services Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 60144008
Amount of Each Receipt this Period **1000.00**

B. Jennifer Lee Mclaughlin
Full Name (Last, First, Middle Initial)
Mailing Address 105 Ruth Ellen Ct S
City Newark State DE Zip Code 19711-8511
FEC ID number of contributing federal political committee. **C**
Name of Employer PUMH, Inc. Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **310.00**

Date of Receipt **06 / 03 / 2014**
Transaction ID : 60145228
Amount of Each Receipt this Period **45.00**

C. Wendy Welch Jones
Full Name (Last, First, Middle Initial)
Mailing Address 28222 Timber Vlg
City Magnolia State TX Zip Code 77355-4224
FEC ID number of contributing federal political committee. **C**
Name of Employer Coastal EMS Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **222.56**

Date of Receipt **06 / 02 / 2014**
Transaction ID : 60145238
Amount of Each Receipt this Period **30.41**

SUBTOTAL of Receipts This Page (optional)..... **1075.41**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
<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. Barbara Thoreson Brockevelt
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 E Clark St, Room 302
 City Vermillion State SD Zip Code 57069-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of South Dakota Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 02 / 2014
Transaction ID : 60145611
 Amount of Each Receipt this Period 35.00

B. Amy Hahn Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address 9568 La Quinta Dr
 City Lone Tree State CO Zip Code 80124-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pima Medical Institute Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.48

Date of Receipt 06 / 02 / 2014
Transaction ID : 60145619
 Amount of Each Receipt this Period 40.42

C. Yvonne Michielle Randall
 Full Name (Last, First, Middle Initial)
 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 Touro University Nevada Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 03 / 2014
Transaction ID : 60146060
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional).....▶	160.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mary Patricia Shotwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3463 Crown Dr
 City Gainesville State GA Zip Code 30506-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brenau University Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **547.48**

Date of Receipt **06 / 03 / 2014**
Transaction ID : 60146462
 Amount of Each Receipt this Period **30.38**

B. Robin Ann Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 1069 W 14th PI Unit 232
 City Chicago State IL Zip Code 60608-2077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UIC Occupation Occupational Therapy Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **232.52**

Date of Receipt **06 / 05 / 2014**
Transaction ID : 60147100
 Amount of Each Receipt this Period **30.42**

C. Nancy K Marder
 Full Name (Last, First, Middle Initial)
 Mailing Address 2384 Lindenmere Dr
 City Merrick State NY Zip Code 11566-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Hand Therapy Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **282.52**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 60147111
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.22**
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 9 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Beth A Spicer

Mailing Address 710 Heyden Ln

City State Zip Code
 Green Bay WI 54301-1743

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

Name of Employer Occupation
 Appleton Area School District 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
 06 / 05 / 2014
Transaction ID : 60278228

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Gayle Green Smith

Mailing Address 27205 103rd PI Se

City State Zip Code
 Kent WA 98030-7060

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

Name of Employer Occupation
 Providence St. Peter Hospital 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
 06 / 12 / 2014
Transaction ID : 60396789

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Monica Lee Robinson

Mailing Address Schl. Of Allied Med, 106 Atwell Ha
 453 West 10th Ave

City State Zip Code
 Columbus OH 43210-2205

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

Name of Employer Occupation
 Ohio State University Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 431.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : 60396808

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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: (check only one)	PAGE 10 OF 22
<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. Lori Vaughn
Full Name (Last, First, Middle Initial)

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 Bay Path College Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : 60396812

Amount of Each Receipt this Period
30.42

B. Stephanie Singleton
Full Name (Last, First, Middle Initial)

Mailing Address 2917 Santa Monica Ave Se

City Albuquerque State NM Zip Code 87106-2962

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

Name of Employer Presbyterian Home Health Svcs Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : 60396816

Amount of Each Receipt this Period
30.42

C. Janice Diane Hinds
Full Name (Last, First, Middle Initial)

Mailing Address 2467 S Lincoln St

City Denver State CO Zip Code 80210-5016

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

Name of Employer Col Dept of Human Services, Col Mental Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : 60396844

Amount of Each Receipt this Period
30.38

SUBTOTAL of Receipts This Page (optional)..... ▶ **91.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
<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. Amy L Vincent
 Full Name (Last, First, Middle Initial)
 Mailing Address 8743 Hathaway Rd
 City Kalamazoo State MI Zip Code 49009-6931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Therapy Place, LLC Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60396945
 Amount of Each Receipt this Period
 250.00

B. Kathleen D Weissberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Beaufort Lane
 City Milford State DE Zip Code 19963-3780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Endura Care Therapy Mgmt Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : 60556336
 Amount of Each Receipt this Period
 30.42

C. Susan K Goszewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Oregon Rd
 City Cheshire State CT Zip Code 06410-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale New Haven Hosp Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : 60556337
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	310.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 22
(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. Dawn Albarado Sonnier
 Full Name (Last, First, Middle Initial)
 Mailing Address 35921 Sarasota Ave
 City Denham Springs State LA Zip Code 70706-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DHH NORTHLAKE SUPPORTS AND SERVICE Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.26

Date of Receipt 06 / 23 / 2014
Transaction ID : 60556347
 Amount of Each Receipt this Period 30.42

B. Michael Thomas Berthelette
 Full Name (Last, First, Middle Initial)
 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 OccupationalTherapy.com Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 22 / 2014
Transaction ID : 60556383
 Amount of Each Receipt this Period 100.00

C. Kimberly Bryze
 Full Name (Last, First, Middle Initial)
 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 Midwestern Univ Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2014
Transaction ID : 60556388
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.42
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<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)

Full Name (Last, First, Middle Initial) A. Guy Louis McCormack		Date of Receipt 06 / 18 / 2014 Transaction ID : 60556392
Mailing Address 774 23rd Ave		Amount of Each Receipt this Period 30.42
City San Francisco	State CA	Zip Code 94121-3710
FEC ID number of contributing federal political committee. C		
Name of Employer Samuel Merritt Univ.	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.52	

Full Name (Last, First, Middle Initial) B. Melissa Marie Whelan		Date of Receipt 06 / 24 / 2014 Transaction ID : 60603592
Mailing Address 83 Dikeman St Apt 1		Amount of Each Receipt this Period 30.42
City Brooklyn	State NY	Zip Code 11231-1532
FEC ID number of contributing federal political committee. C		
Name of Employer MCOT	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.48	

Full Name (Last, First, Middle Initial) C. Rebecca E Argabrite Grove		Date of Receipt 06 / 24 / 2014 Transaction ID : 60603593
Mailing Address 41718 Browns Farm Ln		Amount of Each Receipt this Period 40.00
City Leesburg	State VA	Zip Code 20176-6026
FEC ID number of contributing federal political committee. C		
Name of Employer American Occupational Therapy Associat	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional).....▶	100.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<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. Carol Rose Scheerer
Full Name (Last, First, Middle Initial)

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 Xavier University Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : 60603596

Amount of Each Receipt this Period **35.00**

B. Sheri Montgomery
Full Name (Last, First, Middle Initial)

Mailing Address 8 Clermont Ct

City Palm Coast State FL Zip Code 32137-8926

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

Name of Employer Unita County School Dist #4 Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **264.99**

Date of Receipt **06 / 24 / 2014**

Transaction ID : 60603600

Amount of Each Receipt this Period **83.33**

C. Patricia Mae Mckenna
Full Name (Last, First, Middle Initial)

Mailing Address 10900 W 26th Ave

City Lakewood State CO Zip Code 80215-1233

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

Name of Employer DBA Starting Point Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : 60632590

Amount of Each Receipt this Period **0.00**

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	118.33
TOTAL This Period (last page this line number only).....	2778.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement
Bank Fees on Checking account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60306395

Amount of Each Disbursement this Period

Bank Fees on Checking account

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : 60095481

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60411047

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Mark P. Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60411048

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

campaign contribution

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends For Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411049

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411052

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Nancy Pelosi

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411053

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa DeLauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Rosa L. DeLauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411054

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Pat Roberts For Us Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411055

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411056

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60411057

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu, Inc.

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Sen. Mary L. Landrieu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60411058

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee (DSCC)

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60411059

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

campaign contribution

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

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Sen. Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

/ /

Transaction ID : 60411060

Amount of Each Disbursement this Period

campaign contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

/ /

Transaction ID : 60411061

Amount of Each Disbursement this Period

campaign contribution

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee (NRSC)

Mailing Address 425 Second Street, N.E., Third Flo

City Washington State DC Zip Code 20002

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 60411062

Amount of Each Disbursement this Period

campaign contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doggett For Us Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 35

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411063

Amount of Each Disbursement this Period

2000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Debbie Dingell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411064

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Sen. Susan M. Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411065

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

5500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Braley For Iowa

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
campaign contribution

011

Candidate Name

Bruce Braley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411066

Amount of Each Disbursement this Period

1500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Louise McIntosh Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411067

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Barbara Lee For Congress

Mailing Address 409 13th St, 17th Fl

City Oakland State CA Zip Code 94612

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Barbara Lee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60411068

Amount of Each Disbursement this Period

1500.00

campaign contribution

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

4000.00

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

38000.00