

**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 (AOTPAAC)

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
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 01 2015

through

M M M / D D D / Y Y Y Y Y Y
11 30 2015

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 08 2015

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		69183.39
(b) Cash on Hand at Beginning of Reporting Period.....	75809.70	
(c) Total Receipts (from Line 19)	15081.69	152503.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	90891.39	221686.65
7. Total Disbursements (from Line 31)	16591.20	147386.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74300.19	74300.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

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).....	7097.13	55319.99
(ii) Unitemized	7969.19	97016.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	15066.32	152336.31
(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)	15066.32	152336.31
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.).....	15.37	166.95
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))..... ►	15081.69	152503.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15081.69	152503.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	291.20	2960.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	291.20	2960.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16300.00	144300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	126.00
(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	126.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16591.20	147386.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16591.20	147386.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15066.32	152336.31
34. Total Contribution Refunds (from Line 28(d))	0.00	126.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15066.32	152210.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	291.20	2960.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	291.20	2960.46

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 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 (AOTPAC)

Full Name (Last, First, Middle Initial)

A. Fred Somers

Mailing Address 1104 Constitution Ave., NE

City State Zip Code
Washington DC 20002-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational Therapy Assoc.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : 68394594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Fred Sammons

Mailing Address 2622 Winchell Ave

City State Zip Code
Kalamazoo MI 49008-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : 68408433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Linda L Orr

Mailing Address 504 W Illinois

City State Zip Code
New Berlin IL 62670-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis & Clark Community College

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
11 / 02 / 2015

Transaction ID : 68408437

Amount of Each Receipt this Period

100.00

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

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

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Debra Ann Rybski

Mailing Address 468 Florence Ave

City	State	Zip Code
Webster Grvs	MO	63119-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Louis Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2015

Transaction ID : 68408438

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Julie Renee Kalahar

Mailing Address 320 26th St Nw

City	State	Zip Code
Watertown	SD	57201-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	07	/	2015

Transaction ID : 68408457

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. David Dennis Clark

Mailing Address 1012 Demorest Mount Airy Hwy

City	State	Zip Code
Mount Airy	GA	30563-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	08	/	2015

Transaction ID : 68408458

Amount of Each Receipt this Period

30.42

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

85.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Janis Elizabeth Battan

Mailing Address 3193 Allen Road

City	State	Zip Code
Elk	WA	99009-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Washington Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	03	/	2015

Transaction ID : 68408459

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Trina Lea Schulz

Mailing Address 4915 Noble St

City	State	Zip Code
Shawnee	KS	66226-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Kansas Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 68408460

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. DR Diane Lynn Smith

Mailing Address 120 Pleasant St Unit 306

City	State	Zip Code
Watertown	MA	02472-2398

FEC ID number of contributing
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 68408461

Amount of Each Receipt this Period

30.42

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

91.26

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

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

PAGE 9 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dianne Franklin Simons

Mailing Address 3009 Huntwick Ct

City

Richmond

State

VA

Zip Code

23233-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : 68408462

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. LaDessa Forrest

Mailing Address 10207 W Yosemite Dr

City

Wichita

State

KS

Zip Code

67215-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aegis Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

384.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 68408463

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Janet M Powell

Mailing Address 1959 Ne Pacific St Box 356490 Rm B

City

Seattle

State

WA

Zip Code

98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Washington

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	04	/	2015

Transaction ID : 68408464

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 10 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Amy Hahn Solomon

Mailing Address 9568 La Quinta Dr

City

Lone Tree

State

CO

Zip Code

80124-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : 68408465

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Cathy M Mistovich

Mailing Address 2631 Monaldi Pkwy

City

Dyer

State

IN

Zip Code

46311-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Suburban College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : 68408467

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kristie Patten Koenig

Mailing Address 721 N Jackson St

City

Media

State

PA

Zip Code

19063-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : 68408468

Amount of Each Receipt this Period

30.42

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

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

91.26

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

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

FOR LINE NUMBER: PAGE 11 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lori Vaughn

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 ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2015

Transaction ID : 68408469

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Layman Darnell Miller

Mailing Address 5206 Citation Ave

City
Edinburg

State
TX

Zip Code
78539-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2015

Transaction ID : 68408470

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Ivelisse Lazzarini

Mailing Address 5731 Thompson Rd

City
Syracuse

State
NY

Zip Code
13214-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lemoyne College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2015

Transaction ID : 68408471

Amount of Each Receipt this Period

30.42

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

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

91.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City	State	Zip Code
Morgantown	WV	26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : 68408472

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Margo A Kreger

Mailing Address 5407 Carey Dr

City	State	Zip Code
Cedar Falls	IA	50613-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allen College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 68408473

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Cynthia A Robinson

Mailing Address 1200 N Stonewall Ave

City	State	Zip Code
Oklahoma City	OK	73117-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Oklahoma Health Sciences Cente

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : 68408474

Amount of Each Receipt this Period

30.42

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

91.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rebecca Ann Piazza

Mailing Address 5110 Nw 30th Ln

City

Gainesville

State

FL

Zip Code

32606-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer

UF Health Shands Rehab Hospital

Occupation

Student

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

Transaction ID : 68408475

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS Laura Elizabeth Robinson

Mailing Address Po Box 87

City

New Era

State

MI

Zip Code

49446-0087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Health Care Center of Ann Ar

Occupation

Occupational Therapist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2015

Transaction ID : 68408476

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Claudia Joyce Cirrincione

Mailing Address 19 S Meadow Ct

City

S Barrington

State

IL

Zip Code

60010-9554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Illinois Assoc

Occupation

Occupational Therapist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

Transaction ID : 68408486

Amount of Each Receipt this Period

66.00

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

146.42

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

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

PAGE 14 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gerri Ann Duran

Mailing Address 4920 Calle De Tierra Ne

City	State	Zip Code
Albuquerque	NM	87111-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : 68408487

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Denise Marie Miller

Mailing Address 12 Faircliff Ct

City	State	Zip Code
Glendale	CA	91206-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAMC Therapy and Wellness Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2015

Transaction ID : 68408488

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jennifer Lee Mclaughlin

Mailing Address 105 Ruth Ellen Ct S

City	State	Zip Code
Newark	DE	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 ▼

495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : 68408489

Amount of Each Receipt this Period

45.00

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

128.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DR Kelly Landry Alig

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

Louisiana State University HSC New Orl

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : 68408490

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Wendy Welch Jones

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 ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 68408491

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Esther Bernice Bell

Mailing Address 203 Mcclure St

City

Gonzales

State

TX

Zip Code

78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : 68408492

Amount of Each Receipt this Period

60.83

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

121.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carolyn Baum

Mailing Address 4444 Forest Park Ave

City	State	Zip Code
Saint Louis	MO	63108-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School of MedicineOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : 68408493

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Susan J Harris

Mailing Address 2124 Sunset Blvd

City	State	Zip Code
San Diego	CA	92103-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapy SpecialistsOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 68408494

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Rita Patricia Fleming-Castaldy

Mailing Address 551 Sudbury St

City	State	Zip Code
Marlborough	MA	01752-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of ScrantonOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 68408495

Amount of Each Receipt this Period

30.42

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

91.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gail Fisher

Mailing Address 1003 S Elmwood Ave

City	State	Zip Code
Oak Park	IL	60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.31

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : 68408496

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Gerri Ann Duran

Mailing Address 4920 Calle De Tierra Ne

City	State	Zip Code
Albuquerque	NM	87111-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.29

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 68408499

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City	State	Zip Code
Las Vegas	NV	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 ▼

1260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : 68408500

Amount of Each Receipt this Period

90.00

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

181.25

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

PAGE 18 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Eric M Gerken

Mailing Address 2845 Kings Row

City

Reno

State

NV

Zip Code

89503-3223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reno Ergonomics

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : 68408501

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas F Fisher

Mailing Address Indiana University

1140 W Michigan St Cf311

City

Indianapolis

State

IN

Zip Code

46202-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : 68408519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rebecca Austill-Clausen

Mailing Address 100 John Robert Thomas Dr

City

Exton

State

PA

Zip Code

19341-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Austill's Rehab. Svc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : 68560689

Amount of Each Receipt this Period

150.00

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

425.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Fred Somers

Mailing Address 1104 Constitution Ave., NE

City
WashingtonState
DCZip Code
20002-6434FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational Therapy Assoc.Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : 68562032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christine Cooper Marzo

Mailing Address 18 Shadow Ln

City
Williston PkState
NYZip Code
11596-2511FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro TherapyOccupation
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
11			09			2015			

Transaction ID : 68572082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Janice Diane Hinds

Mailing Address 2467 S Lincoln St

City
DenverState
COZip Code
80210-5016FEC ID number of contributing
federal political committee.

C

Name of Employer
Col Dept of Human Services, Col MentalOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : 68572321

Amount of Each Receipt this Period

30.42

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

530.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Stephanie Singleton

Mailing Address 78 Coryphodon Ln

City	State	Zip Code
Jemez Springs	NM	87025-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Home Health SvcsOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

Transaction ID : 68572322

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Rachelle Dorne

Mailing Address 601 Nw 82nd Ave Apt 604

City	State	Zip Code
Plantation	FL	33324-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nova Southeastern UniversityOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

Transaction ID : 68572324

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Diane Mary Long

Mailing Address 149 North St

City	State	Zip Code
Auburn	NY	13021-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ithaca CollegeOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

Transaction ID : 68572325

Amount of Each Receipt this Period

40.00

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

100.84

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

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

PAGE 21 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Neil Harverson

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

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : 68572410

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dahlia C Castillo

Mailing Address 6960 Bruce Bissonette Dr

City

El Paso

State

TX

Zip Code

79912-8516

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 ▼

827.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : 68572411

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : 68572412

Amount of Each Receipt this Period

30.42

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

102.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Patrick James Bloom

Mailing Address 410 Elm Tree Lane

City

Vernon Hills

State

IL

Zip Code

60061-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sundance Rehab Corp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	09	/	2015

Transaction ID : 68572413

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Stephen B Kern

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

Thomas Jefferson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	09	/	2015

Transaction ID : 68572414

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Michelle Rae Parolise

Mailing Address 6822 Loyola Dr

City

Huntington Beach

State

CA

Zip Code

92647-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Ana College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	09	/	2015

Transaction ID : 68572415

Amount of Each Receipt this Period

30.42

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

91.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Monica Lee Robinson

Mailing Address 453 W 10th Ave

City	State	Zip Code
Columbus	OH	43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State UniversityOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : 68572416

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia E Fingerhut

Mailing Address 2201 Twin Oaks Blvd

City	State	Zip Code
Kemah	TX	77565-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Med BranchOccupation
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
11		09		2015

Transaction ID : 68572417

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Timothy Justin Wolf

Mailing Address 620 Mayflower Dr

City	State	Zip Code
Wentzville	MO	63385-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MissouriOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2015

Transaction ID : 68572418

Amount of Each Receipt this Period

30.42

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

160.84

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

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

PAGE 24 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rebecca Ann Piazza

Mailing Address 5110 Nw 30th Ln

City

Gainesville

State

FL

Zip Code

32606-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer

UF Health Shands Rehab Hospital

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : 68572419

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS Kim Ann Mahoney

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

Top Health

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : 68572421

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. MS Sara Marie Androyna

Mailing Address 50634 Jefferson Apt # 219

City

New Baltimore

State

MI

Zip Code

48047-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lapeer County Intermediate School Dist

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

339.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : 68572422

Amount of Each Receipt this Period

30.42

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

110.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tanya Jeanne Bay

Mailing Address 3330 Riva Ridge Dr

City	State	Zip Code
Fort Collins	CO	80526-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Colorado HealthOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : 68572423

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Carla Sue Wilhite

Mailing Address 1434 Adams St Ne

City	State	Zip Code
Albuquerque	NM	87110-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of North DakotaOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

Transaction ID : 68572424

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Mary Elizabeth Craig-Oatley

Mailing Address 201 Summerhaze Ct

City	State	Zip Code
Ormond Beach	FL	32174-4871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daytona State CollegeOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

Transaction ID : 68572426

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 26 OF 48
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brenda Lee Koverman

Mailing Address 330 W Diversey Pkwy Apt 1503

City State Zip Code
Chicago IL 60657-6206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : 68572427

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kimberly Bryze

Mailing Address 4001 Elm St

City State Zip Code
Downers Grove IL 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2015

Transaction ID : 68572428

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. MISS Kelsi A Shough

Mailing Address 4510 Ironton Ave Apt 6207

City State Zip Code
Lubbock TX 79407-3787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech University Health Sciences

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2015

Transaction ID : 68572429

Amount of Each Receipt this Period

30.42

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

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

630.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Christine Lynn Kroll

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

Healthcare Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

374.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : 68572430

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jennifer C Johnson

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

Hoover Bachman Assoc

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2015			

Transaction ID : 68572431

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. L Diane Parham

Mailing Address 11 Calle Cobre

City

Placitas

State

NM

Zip Code

87043-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of New Mexico

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

Transaction ID : 68572433

Amount of Each Receipt this Period

30.42

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

91.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Anne Elizabeth Dickerson Full Name (Last, First, Middle Initial) 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 East Carolina Univ Occupation Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.58		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 Transaction ID : 68572434 Amount of Each Receipt this Period 30.42
B. Pamela Ellen Toto Full Name (Last, First, Middle Initial) 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 Univ of Pittsburgh Occupation Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.62		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015 Transaction ID : 68572438 Amount of Each Receipt this Period 30.42
C. Elizabeth Renee Skidmore Full Name (Last, First, Middle Initial) Mailing Address Occupational Therapy 5012 Forbes Tower City Pittsburgh State PA Zip Code 15260-7406 FEC ID number of contributing federal political committee. C Name of Employer University of Pittsburgh Occupation Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2015 Transaction ID : 68572442 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)..... ▶		425.84
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 29 OF 48

(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. Carla Sue Wilhite

Mailing Address 1434 Adams St Ne

City State Zip Code
 Albuquerque NM 87110-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Univ. of North Dakota Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.52

Date of Receipt

M M / D D / Y Y Y Y Y
 11 12 2015

Transaction ID : 68572445

Amount of Each Receipt this Period

66.00

Full Name (Last, First, Middle Initial)

B. Guy Louis McCormack

Mailing Address 774 23rd Ave

City State Zip Code
 San Francisco CA 94121-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Samuel Merritt Univ. Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.20

Date of Receipt

M M / D D / Y Y Y Y Y
 11 13 2015

Transaction ID : 68572448

Amount of Each Receipt this Period

66.00

Full Name (Last, First, Middle Initial)

C. DR Barbara Boyt Schell

Mailing Address 100 E Creek Bnd

City State Zip Code
 Athens GA 30605-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Brenau Univ Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2015

Transaction ID : 68572451

Amount of Each Receipt this Period

66.00

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

198.00

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 30 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kimberly Dale Hartmann

Mailing Address 10 Lakeview Ests

City State Zip Code
 Middlefield CT 06455-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Quinnipiac University Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 10 2015

Transaction ID : 68572452

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

B. Mary Kay Currie

Mailing Address 3548 Weddell St

City State Zip Code
 Dearborn MI 48124-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Detroit Medical Center Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 12 2015

Transaction ID : 68572456

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. Malou Leyson-Massel

Mailing Address 6833 N Kedzie Ave Apt 416

City State Zip Code
 Chicago IL 60645-2875

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Comprehensive Therapeutic Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 12 2015

Transaction ID : 68572467

Amount of Each Receipt this Period

66.00

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

316.00

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

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

PAGE 31 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Annmarie Huber

Mailing Address 115 Mountain View Blvd

City

Klamath Falls

State

OR

Zip Code

97601-1537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sky Lakes Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 68783687

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Susan K Goszewski

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

Transaction ID : 68783712

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Bruce Allan Haack

Mailing Address 13604 Ne 42nd Ave

City

Vancouver

State

WA

Zip Code

98686-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salmon Creek Children's Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 68783713

Amount of Each Receipt this Period

83.33

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

413.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 48
(check only one)

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

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 (AOTPAC)

Full Name (Last, First, Middle Initial)

A. DR Kathleen D Weissberg

Mailing Address 115 Beaufort Lane

City	State	Zip Code
Milford	DE	19963-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.87

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	17	/	2015

Transaction ID : 68783717

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Melissa Marie Callahan

Mailing Address 215 Beach 101st St, 3d

City	State	Zip Code
Rockaway Park	NY	11694-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783718

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Robin G B Lampman

Mailing Address Po Box 2559

City	State	Zip Code
Kenai	AK	99611-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Star Occupational Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783719

Amount of Each Receipt this Period

30.47

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

121.72

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

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

PAGE 33 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gloria R Lucker

Mailing Address 2495 Main St Ste 234

City
BuffaloState
NYZip Code
14214-2152FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Optimal Therapy Associates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783720

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Emily S Pugh

Mailing Address 1744 Nw 7th Pl

City

Gainesville

State

FL

Zip Code

32603-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Florida

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68783721

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dawn Albarado Sonnier

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 ▼

577.86

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68783723

Amount of Each Receipt this Period

60.83

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

152.08

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 34 OF 48

☒ 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. Kirsten Rae Matthews

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

Superior Therapy Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 23 / 2015

Transaction ID : 68783724

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jennifer Davis Hluchy

Mailing Address 1673 O'brien Drive

City

Baton Rouge

State

LA

Zip Code

70810-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthsouth Rehab. Hosp. of Baton Roug

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.68

Date of Receipt

11 / 24 / 2015

Transaction ID : 68783725

Amount of Each Receipt this Period

30.46

Full Name (Last, First, Middle Initial)

C. MR Allen Scott Keener

Mailing Address 1241 29th St S Apt 4

City

Birmingham

State

AL

Zip Code

35205-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wallace State Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 23 / 2015

Transaction ID : 68783726

Amount of Each Receipt this Period

30.42

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

91.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 48

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Catherine Patricia Brady

Mailing Address 24409 S Meadowood Rd

City	State	Zip Code
Crete	IL	60417-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Governors State UniversityOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783727

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Florence B Hannes

Mailing Address 32 Lake Rd

City	State	Zip Code
Salisbury Mills	NY	12577-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange County Community CollegeOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	22	/	2015

Transaction ID : 68783728

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. Andrea M Bilics

Mailing Address 20 Lexington Ln

City	State	Zip Code
Millis	MA	02054-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worcester State CollegeOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783729

Amount of Each Receipt this Period

30.42

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

121.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Harriett Smith Bynum

Mailing Address 100 Cottonwood Dr

City	State	Zip Code
Oakdale	PA	15071-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kent State University, East LiverpoolOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2015

Transaction ID : 68783730

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Anne H Hull

Mailing Address 1 University Blvd

City	State	Zip Code
Saint Augustine	FL	32086-5799

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of St. AugustineOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783731

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Nathan Bernard Herz

Mailing Address 100 Baldwin Blvd

City	State	Zip Code
Fishersville	VA	22939-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Health Sciences Univ.Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2015

Transaction ID : 68783732

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

PAGE 37 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Rose Scheerer

Mailing Address 2121 Saint James Ave Apt 4

City	State	Zip Code
Cincinnati	OH	45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2015

Transaction ID : 68783733

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Mary Kay W Arvin

Mailing Address 1431 Halsey Ave

City	State	Zip Code
Evansville	IN	47720-3380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Southern Indiana

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	22	/	2015

Transaction ID : 68783734

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Lisa Kay Iffland

Mailing Address 2417 W Gladys Ave

City	State	Zip Code
Chicago	IL	60612-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2015

Transaction ID : 68783735

Amount of Each Receipt this Period

30.42

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

121.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kristie Patten Koenig

Mailing Address 721 N Jackson St

City	State	Zip Code
Media	PA	19063-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68783737

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Kory Jean Hall

Mailing Address 209 1st St Sw

City	State	Zip Code
Watertown	SD	57201-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	22	/	2015

Transaction ID : 68783738

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. DR Ruth S Ramsey

Mailing Address 50 Acacia Ave

City	State	Zip Code
San Rafael	CA	94901-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dominican Univ of CA

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2015

Transaction ID : 68783739

Amount of Each Receipt this Period

30.42

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

91.26

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

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

PAGE 39 OF 48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Siebert

Mailing Address 304 Forbush Mountain Dr

City

Chapel Hill

State

NC

Zip Code

27514-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2015

Transaction ID : 68783740

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Guy Louis McCormack

Mailing Address 774 23rd Ave

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : 68783746

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Mary Margaret Arnold

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

Zane State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 68783748

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 48
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mr. Scott David Nordquist

Mailing Address 11874 Canterbury Dr.

City	State	Zip Code
Sterling Heights	MI	48312-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John's Hospital

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2015

Transaction ID : 68783749

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Ln

City	State	Zip Code
Leesburg	VA	20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : 68783751

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City	State	Zip Code
Dexter	MI	48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : 68783752

Amount of Each Receipt this Period

30.42

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

100.84

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 41 OF 48

☒ 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. Donna M Costa

Mailing Address 874 American Pacific Dr

City

Henderson

State

NV

Zip Code

89014-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

11 / 20 / 2015

Transaction ID : 68783755

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Penelope A Moyers Cleveland

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

St. Catherine Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 27 / 2015

Transaction ID : 68783756

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kathryn Melin Eberhardt

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

South Suburban College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.26

Date of Receipt

11 / 30 / 2015

Transaction ID : 68783758

Amount of Each Receipt this Period

60.83

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

121.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brent Howard Braveman

Mailing Address 1 Hermann Park Ct Apt 432

City	State	Zip Code
Houston	TX	77021-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.D. Anderson Cancer CenterOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : 68783759

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. MRS Julianne Marie Brooks

Mailing Address 1609 N Columbus St

City	State	Zip Code
Lancaster	OH	43130-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apalachian Behavioral Healthcare & GenOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 68783761

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan H Lin

Mailing Address 35443 Sourwood Pl

City	State	Zip Code
Round Hill	VA	20141-2576

FEC ID number of contributing
federal political committee.

C

Name of Employer
unemployedOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	12	/	2015

Transaction ID : 68852580

Amount of Each Receipt this Period

66.00

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

146.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dennis Sullivan Cleary

Mailing Address 453 W 10th Ave

City	State	Zip Code
Columbus	OH	43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2015

Transaction ID : 68852589

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Fred Sammons

Mailing Address 2622 Winchell Ave

City	State	Zip Code
Kalamazoo	MI	49008-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68852635

Amount of Each Receipt this Period

66.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

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

96.00

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

7097.13

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

PAGE 45 OF 48

<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. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage	State AK	Zip Code 99510
-------------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Lisa Murkowski

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

State: AK District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : 68387108

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper	State WY	Zip Code 82605
----------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

John Barrasso

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

State: WY District:

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : 68387112

Amount of Each Disbursement this Period

2500.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas	State NV	Zip Code 89137
-------------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Dean Heller

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

State: NV District:

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : 68387113

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

6000.00

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

PAGE 46 OF 48

<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. National Republican Senatorial Committee (NRSC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

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

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
campaign contribution

011

Candidate Name

Category/
Type

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

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

State: District:

Transaction ID : 68387114

Amount of Each Disbursement this Period

5000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Mailing Address P.O. Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement
campaign contribution

011

Candidate Name

Category/
Type**Rep. Steve J. Israel**

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

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

State: NY District: 03

Transaction ID : 68638136

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Kuster For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Mailing Address P.O. Box 1498

City	State	Zip Code
Concord	NH	03302

Purpose of Disbursement
campaign contribution

011

Candidate Name

Category/
Type**Rep. Ann McLane Kuster**

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

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

State: NH District: 02

Transaction ID : 68638137

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

7000.00

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

PAGE 47 OF 48

<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. Katherine Clark For Congress

Mailing Address PO Box 361

City	State	Zip Code
Malden	MA	02148

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Katherine M ClarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : 68638138

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Tammy BaldwinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : 68638139

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Michelle

Mailing Address P.O. Box 25422

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Michelle Lujan GrishamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : 68638140

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3000.00

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

PAGE 48 OF 48

<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. Schakowsky For Congress

Mailing Address P.O. Box 5130

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Jan D. Schakowsky

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

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

State: IL District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2015

Transaction ID : 68638141

Amount of Each Disbursement this Period

300.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

300.00

16300.00
