

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesThe American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

Check if different
than previously
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

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

Electronically Filed by Christina A. Metzler

Date

0 1

1 9

2 0 1 1

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)

2 / 34

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
1 1D D
2 3Y Y Y Y
2 0 1 0

To:

M M
1 2D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		132896.92
(b) Cash on Hand at Beginning of Reporting Period	76642.57	
(c) Total Receipts (from Line 19)	11573.96	192714.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88216.53	325611.00
7. Total Disbursements (from Line 31)	14219.81	251614.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73996.72	73996.72
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 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	3388.13	49385.99
(ii) Unitemized	8146.67	143011.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11534.80	192397.12
(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)	11534.80	192397.12
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.)	39.16	316.96
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 Transfer (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))	11573.96	192714.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11573.96	192714.08

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	219.81	3444.28	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	219.81	3444.28	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	247000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (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	170.00	
(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	170.00	
29. Other Disbursements.....	0.00	1000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	14219.81	251614.28	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14219.81	251614.28	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	11534.80	192397.12
34. Total Contribution Refunds (from Line 28(d))	0.00	170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11534.80	192227.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	219.81	3444.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	219.81	3444.28

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

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

FOR LINE NUMBER: PAGE 6 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Jennifer Lee McLaughlin

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer
PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 1 0

Transaction ID: 37761809

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Kelly Michelle Alig

Mailing Address 1900 Gravier St Office 801

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 Or

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.04

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 1 0

Transaction ID: 37761810

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Coralie H Glantz

Mailing Address 1560 Indian Trail Dr

City

Riverwoods

State

IL

Zip Code

60015-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glantz/Richman Rehabilita-
tion Associat

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
1 1 / 2 3 / 2 0 1 0

Transaction ID: 37761813

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 34

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

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
SERVICES CE

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 1 0

Transaction ID: 37761821

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Sheri Montgomery

Mailing Address 313 Herschler Ave

City

Evanston

State

WY

Zip Code

82930-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uinta County School Dist
#4

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.30

Date of Receipt

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

Transaction ID: 37784136

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Brent Howard Braveman

Mailing Address 1 Hermann Park Ct Apt 639

City

Houston

State

TX

Zip Code

77021-2446

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 ▼

800.73

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 38060447

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

355.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 34

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Thomas F Fisher

Mailing Address 1140 W Michigan St

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 38060518

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr Lyla Mae Spelbring

Mailing Address 830 Maury Pl

City

Howell

State

MI

Zip Code

48843-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired - Eastern Michigan
Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.36

Date of Receipt

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

Transaction ID: 38061017

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Karen Jacobs

Mailing Address Boston University
635 Commonwealth Ave.

City

Boston

State

MA

Zip Code

02215-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 38061047

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

185.00

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 9 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Aaron M Eakman

Mailing Address 638 E Dunn

City

Pocatello

State

ID

Zip Code

83209-0001

FEC ID number of contributing federal political committee.

C

Name of Employer
Idaho State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.78

Date of Receipt

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

Transaction ID: 38061071

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Suzanne Lynn Velez-Perez

Mailing Address 2223 Lyon Ave

City

Bronx

State

NY

Zip Code

10462-5030

FEC ID number of contributing federal political committee.

C

Name of Employer
Grand Manor Nursing Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 38061072

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Diana Jean Baldwin

Mailing Address 2117 S El Chaparral Ave

City

Columbia

State

MO

Zip Code

65201-9415

FEC ID number of contributing federal political committee.

C

Name of Employer
Univ of Missouri-Columbia

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.70

Date of Receipt

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

Transaction ID: 38061073

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

95.84

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Eric M Gerken

Mailing Address 316 California Ave # 111

City

Reno

State

NV

Zip Code

89509-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Ergonomics

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
1 2 / 1 0 / 2 0 1 0

Transaction ID: 38061074

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Gerri Ann Duran

Mailing Address 4920 Calle De Tierra Ne

City

Albuquerque

State

NM

Zip Code

87111-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed Occupational
Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

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

Transaction ID: 38061075

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Andrea Lee Ransom

Mailing Address 717 E 32nd St

City

Sioux Falls

State

SD

Zip Code

57105-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera McKennan Hosp

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
1 2 / 1 0 / 2 0 1 0

Transaction ID: 38061077

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.66

Date of Receipt

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

Transaction ID: 38061078

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Barbara A Seguire

Mailing Address 1608 Waterford Dr

City

Bowling Green

State

OH

Zip Code

43402-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

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

Transaction ID: 38061079

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Dr Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City

Dexter

State

MI

Zip Code

48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA/ AJ Lamb Consulting

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
1 2 / 1 6 / 2 0 1 0

Transaction ID: 38061080

Amount of Each Receipt this Period

182.50

SUBTOTAL of Receipts This Page (optional)

243.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Christina Sue Griffin

Mailing Address 8016 W Sierra Vista Dr

City

Glendale

State

AZ

Zip Code

85303-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.T. Still Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.08

Date of Receipt

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

Transaction ID: 38061081

Amount of Each Receipt this Period

30.46

B.

Full Name (Last, First, Middle Initial)

Shelley Wallock

Mailing Address 1519 Spruce St

City

Philadelphia

State

PA

Zip Code

19102-4577

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 ▼

243.68

Date of Receipt

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

Transaction ID: 38061082

Amount of Each Receipt this Period

30.46

C.

Full Name (Last, First, Middle Initial)

Debra Sue Scurlock

Mailing Address 2855 Circle Dr

City

Portsmouth

State

OH

Zip Code

45662-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shawnee State Univ

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 Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: 38061083

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

91.34

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 13 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Douglas Milton Mitchell

Mailing Address 618 Sutphin Rd Nw

City

Willis

State

VA

Zip Code

24380-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radford University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

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

Transaction ID: 38061084

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Carol Rose Scheerer

Mailing Address 2121 Saint James Ave Apt 4

City

Cincinnati

State

OH

Zip Code

45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.24

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 38061086

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Janice Diane Hinds

Mailing Address 2467 S Lincoln St

City

Denver

State

CO

Zip Code

80210-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pima Medical Institute,
Denver Campus

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.94

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 1 0

Transaction ID: 38061088

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 14 / 34

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Bernadette Mineo

Mailing Address 6923 S Black Hills Way

City

Chandler

State

AZ

Zip Code

85249-7248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Sch. of HS at Sti-
ll Univ

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 Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: 38061090

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Mary Patricia Shotwell

Mailing Address 3463 Crown Dr

City

Gainesville

State

GA

Zip Code

30506-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brenau University

Occupation

Occupational Therapist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

237.66

Date of Receipt

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

Transaction ID: 38061091

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Jan Rowe

Mailing Address 1530 3rd Ave S

City

Birmingham

State

AL

Zip Code

35294-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama @ Birming-
ham

Occupation

Occupational Therapist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID: 38061092

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

91.22

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Jacqueline Rose Brennan

Mailing Address 86 Gilbert St

City

N Brookfield

State

MA

Zip Code

01535-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worcester State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.24

Date of Receipt

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

Transaction ID: 38061093

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Amber L Deboard

Mailing Address 327 Fallen Oak Cir

City

Seymour

State

TN

Zip Code

37865-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Girling Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.68

Date of Receipt

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

Transaction ID: 38061094

Amount of Each Receipt this Period

30.46

C.

Full Name (Last, First, Middle Initial)

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 ▼

293.36

Date of Receipt

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

Transaction ID: 38061095

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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Janet Pleitner

Mailing Address 8517 Forest Ave

City

Munster

State

IN

Zip Code

46321-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student of Occupational
Therapy

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.68

Date of Receipt

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

Transaction ID: 38061096

Amount of Each Receipt this Period

30.46

B.

Full Name (Last, First, Middle Initial)

Stephanie Singleton

Mailing Address 2917 Santa Monica Ave Se

City

Albuquerque

State

NM

Zip Code

87106-2962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Home Health
Svcs

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.96

Date of Receipt

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

Transaction ID: 38061097

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Mrs. Donna C Flowers

Mailing Address 5406 Northmoor Dr

City

Dallas

State

TX

Zip Code

75229-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys Home Health Care

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.03

Date of Receipt

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

Transaction ID: 38061099

Amount of Each Receipt this Period

30.46

SUBTOTAL of Receipts This Page (optional)

91.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Mrs Amy J Smith

Mailing Address 2011 Rosewood Drive

City

Kent

State

OH

Zip Code

44240-4274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gensis Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 38061102

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Teresa C Simmons

Mailing Address 2805 W. Front St.

City

Richlands

State

VA

Zip Code

24641-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wythe County Public Schoo-
ls

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.68

Date of Receipt

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

Transaction ID: 38061103

Amount of Each Receipt this Period

30.46

C.

Full Name (Last, First, Middle Initial)

Debra Ann Hines

Mailing Address 3982 E Herrera Dr

City

Phoenix

State

AZ

Zip Code

85050-5465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Fiesta Pediatr-
ic Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.68

Date of Receipt

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

Transaction ID: 38061104

Amount of Each Receipt this Period

30.46

SUBTOTAL of Receipts This Page (optional)

91.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Trina Lea Schulz

Mailing Address 4915 Noble

City

Shawnee

State

KS

Zip Code

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 ▼

243.36

Date of Receipt

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

Transaction ID: 38061105

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Pamela Ellen Toto

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

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

Transaction ID: 38061106

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Alicia Brown

Mailing Address 15260 Swan Lake Blvd

City

Gulfport

State

MS

Zip Code

39503-8760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital @ Gulf-
port

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.42

Date of Receipt

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

Transaction ID: 38061108

Amount of Each Receipt this Period

30.38

SUBTOTAL of Receipts This Page (optional)

91.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 34

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Mary Teresa Johnston

Mailing Address 2141 S Bentley Ave Apt 108

City

Los Angeles

State

CA

Zip Code

90025-5739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Masada Homes

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
1 2 / 0 5 / 2 0 1 0

Transaction ID: 38061111

Amount of Each Receipt this Period

30.38

B.

Full Name (Last, First, Middle Initial)

Nancy Ellen Clark

Mailing Address 3080 Hecla St

City

Butte

State

MT

Zip Code

59701-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. James Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.24

Date of Receipt

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

Transaction ID: 38061112

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Sharon Leslye Carter

Mailing Address 4013 W 138th Ter

City

Leawood

State

KS

Zip Code

66224-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Community Co-
llege

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.10

Date of Receipt

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

Transaction ID: 38061115

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

91.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Angela Louise Petite

Mailing Address 16536 Hildebrandt Rd

City

Leavenworth

State

KS

Zip Code

66048-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atchison Public Schools,
USD 409

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
1 2 / 0 4 / 2 0 1 0

Transaction ID: 38061117

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun County Public Sch-
ools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.58

Date of Receipt

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

Transaction ID: 38061120

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Linda Coogle Stephens

Mailing Address 2361 Fair Oaks Rd

City

Decatur

State

GA

Zip Code

30033-1207

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 ▼

354.62

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 38061121

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)
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(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Dr Lyla Mae Spelbring

Mailing Address 830 Maury Pl

City

Howell

State

MI

Zip Code

48843-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired - Eastern Michigan
Univ.

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
1 2 / 1 1 / 2 0 1 0

Transaction ID: 38061122

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Gloria R Lucker

Mailing Address 2495 Main St Ste 234

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Optimal Therapy Assoc-
iates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: 38061123

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Susan Bruch Nochajski

Mailing Address 41 Matejko St

City

Buffalo

State

NY

Zip Code

14206-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Buffalo, SU-
NY

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: 38061124

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.84

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.71

Date of Receipt

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

Transaction ID: 38061125

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Erica Beth Stern

Mailing Address 439 Brimhall St

City

Saint Paul

State

MN

Zip Code

55105-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Minnesota

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
1 2 / 0 4 / 2 0 1 0

Transaction ID: 38061126

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Gail Fisher

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 38061127

Amount of Each Receipt this Period

30.38

SUBTOTAL of Receipts This Page (optional)

91.18

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 23 / 34

(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.**

Full Name (Last, First, Middle Initial)

Mary-Ellen Johnson

Mailing Address 5151 Park Ave

City

Fairfield

State

CT

Zip Code

06825-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.58

Date of Receipt

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

Transaction ID: 38061128

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Janet Sue Jedlicka

Mailing Address 134 Breezy Hills Cv

City

Grand Forks

State

ND

Zip Code

58201-7919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

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

Transaction ID: 38061129

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Brent Howard Braveman

Mailing Address 1 Hermann Park Ct Apt 639

City

Houston

State

TX

Zip Code

77021-2446

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 ▼

830.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	1	0

Transaction ID: 38061130

Amount of Each Receipt this Period

30.25

SUBTOTAL of Receipts This Page (optional)

91.05

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 24 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

890.00

Date of Receipt

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

Transaction ID: 38061131

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Virginia Carroll Stoffel

Mailing Address 8640 N Pelham Pkwy

City

Bayside

State

WI

Zip Code

53217-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Wisconsin - Milw-
aukee

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

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

Transaction ID: 38226256

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Fred Somers

Mailing Address 13904 Waverly Creek Ct

City

Chantilly

State

VA

Zip Code

20151-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational The-
rapy Assoc.

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

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

Transaction ID: 38226746

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

265.00

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 25 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

M Irma Alvarado

Mailing Address 6345 Julian Rd

City

Gainesville

State

GA

Zip Code

30506-6413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essential Therapy Seravic-
es, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 38227422

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Audrey Daniell-Ehrlich

Mailing Address 2507 Christoval Rd

City

San Angelo

State

TX

Zip Code

76903-8610

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 ▼

300.00

Date of Receipt

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

Transaction ID: 38227431

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Deborah Ann Murphy-Fischer

Mailing Address 5063 La Costa Island Ct

City

Punta Gorda

State

FL

Zip Code

33950-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

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

Transaction ID: 38227442

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

490.00

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 26 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Mary Catherine Wise

Mailing Address 1020 Prairie St

City

Grinnell

State

IA

Zip Code

50112-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.31

Date of Receipt

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

Transaction ID: 38227444

Amount of Each Receipt this Period

33.33

B.

Full Name (Last, First, Middle Initial)

Karen Sue Haverstock Spector

Mailing Address 1420 Terry Ave Unit 2003

City

Seattle

State

WA

Zip Code

98101-1992

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 ▼

355.50

Date of Receipt

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

Transaction ID: 38227445

Amount of Each Receipt this Period

36.50

C.

Full Name (Last, First, Middle Initial)

Maria Angelica Barraza

Mailing Address 5716 N Jersey Ave

City

Chicago

State

IL

Zip Code

60659-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pathways Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: 38227446

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

94.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Lisa Kenney-Oleson

Mailing Address 719 3rd Ave Sw

City

Great Falls

State

MT

Zip Code

59404-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Healthcare

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

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

Transaction ID: 38227447

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Jennifer Lee McLaughlin

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer
PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 38227448

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Kelly Michelle Alig

Mailing Address 1900 Gravier St Office 801

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 Or

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.42

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 38227449

Amount of Each Receipt this Period

30.38

SUBTOTAL of Receipts This Page (optional)

105.80

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 28 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

Carolyn Baum

Mailing Address 4444 Forest Park Ave

City

Saint Louis

State

MO

Zip Code

63108-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School of
Medicine

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
1 2 / 2 0 / 2 0 1 0

Transaction ID: 38227450

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Miss Gretchen Renee Ward

Mailing Address 62 W 107th St Apt 6d

City

New York

State

NY

Zip Code

10025-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student of Occupational
Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.34

Date of Receipt

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

Transaction ID: 38227452

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

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
SERVICES CE

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.78

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 38227453

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 29 / 34

(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
(AOTPAAC)**A.**

Full Name (Last, First, Middle Initial)

Lisa J Schubert

Mailing Address 18 Shoal Creek Fls

City

Signal Mtn

State

TN

Zip Code

37377-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Health Science

Occupation

Occupational Therapist

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.16

Date of Receipt

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

Transaction ID: 38227456

Amount of Each Receipt this Period

30.43

SUBTOTAL of Receipts This Page (optional)

30.43

TOTAL This Period (last page this line number only)

3388.13

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

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

FOR LINE NUMBER: PAGE 30 / 34

(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)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City

Atlanta

State

GA

Zip Code

30302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.73

Date of Receipt

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

Transaction ID: 38060542

Amount of Each Receipt this Period

18.93

Interest Received on Account

B.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City

Atlanta

State

GA

Zip Code

30302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.96

Date of Receipt

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

Transaction ID: 38422980

Amount of Each Receipt this Period

20.23

interest received on account

SUBTOTAL of Receipts This Page (optional)

39.16

TOTAL This Period (last page this line number only)

39.16

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 34

<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)

A. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert Mailing Address P. O. Box 53322	Transaction ID: 37915836 Date of Disbursement <div> <div>12</div> <div>09</div> <div>2010</div> </div>
City Bellevue State WA Zip Code 98015 Purpose of Disbursement campaign contribution 2010 General Debt Candidate Name Rep. David George Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 08	Amount of Each Disbursement this Period <div>2500.00</div> campaign contribution 2010 General Debt
B. Full Name (Last, First, Middle Initial) Walberg For Congress Mailing Address 6769 Teachout Rd. City Tipton State MI Zip Code 49287 Purpose of Disbursement campaign contribution-2010 General Election Debt Candidate Name Mr. Timothy Walberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 07	Transaction ID: 37915837 Date of Disbursement <div> <div>12</div> <div>09</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> campaign contribution-2010 General Election Debt
C. Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon St City Lewiston State ME Zip Code 04240 Purpose of Disbursement campaign contribution Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 02	Transaction ID: 37915838 Date of Disbursement <div> <div>12</div> <div>09</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> campaign contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<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

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)

A. Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon	Transaction ID: 37915839 Date of Disbursement																				
Mailing Address 2236 Se 10th Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Jeff Merkley For Oregon	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
campaign contribution																					
B. Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: 37915840 Date of Disbursement																				
Mailing Address 4679 Winterset Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution-2010 General Election Debt Retirement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Steve Stivers	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2010																				
campaign contribution-2010 General Election Debt Retirement																					
C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee (NRSC)	Transaction ID: 37915841 Date of Disbursement																				
Mailing Address 425 Second Street, N.E., Third Flo	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
campaign contribution																					

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<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

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)

A.

Full Name (Last, First, Middle Initial)

Friends Of Sherrod Brown

Mailing Address PO Box 76187
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement
campaign contribution

Candidate Name
Sen. Sherrod Brown

Office Sought: ☐ House
☒ Senate
☐ President

State: OH District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 37915842

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

14000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 34

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement

Bank fees on account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 38060454

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2010

Amount of Each Disbursement this Period

219.81

Bank fees on account

SUBTOTAL of Disbursements This Page (optional)

219.81

TOTAL This Period (last page this line number only)

219.81