

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

ADDRESS (number and street) 4720 Montgomery Lane, Suite 200  
Check if different than previously reported. (ACC) Bethesda MD 20814-3449

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00089086 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

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 06 / 14 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="54923.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="96635.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10999.23"/>	<input type="text" value="118718.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107634.52"/>	<input type="text" value="173641.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36065.16"/>	<input type="text" value="102072.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71569.36"/>	<input type="text" value="71569.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3078.30	40821.09
(ii) Unitemized .....	7902.82	77831.36
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10981.12	118652.45
(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) .....	10981.12	118652.45
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.).....	18.11	65.64
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))..... ▶	10999.23	118718.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10999.23	118718.09

**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 .....	565.16	2072.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	565.16	2072.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	100000.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	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)) ..	36065.16	102072.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36065.16	102072.23

**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) .....	10981.12	118652.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10981.12	118652.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	565.16	2072.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	565.16	2072.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Trina Lea Schulz**  
Full Name (Last, First, Middle Initial)

Mailing Address 4915 Noble St

City Shawnee State KS Zip Code 66226-9797

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

Name of Employer Univ of Kansas Hospital Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2016  
**Transaction ID : 71154122**

Amount of Each Receipt this Period  
 30.42

Memo Item

**B. Amy Hahn Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 9568 La Quinta Dr

City Lone Tree State CO Zip Code 80124-4202

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

Name of Employer Pima Medical Institute Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2016  
**Transaction ID : 71154135**

Amount of Each Receipt this Period  
 47.30

Memo Item

**C. Gerri Ann Duran**  
Full Name (Last, First, Middle Initial)

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 ▼ 258.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2016  
**Transaction ID : 71154140**

Amount of Each Receipt this Period  
 41.67

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Denise Marie Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Faircliff Ct  
 City Glendale State CA Zip Code 91206-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GAMC Therapy and Wellness Center Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2016  
**Transaction ID : 71154143**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Julie Renee Kalahar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 26th St Nw  
 City Watertown State SD Zip Code 57201-5815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lake Area Technical Institute Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2016  
**Transaction ID : 71154145**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Esther Bernice Bell**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Retired Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2016  
**Transaction ID : 71154146**  
 Amount of Each Receipt this Period  
 60.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	144.17
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gail Fisher**  
Full Name (Last, First, Middle Initial)

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 Occupation  
University of Illinois Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342.51

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2016  
**Transaction ID : 71154150**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Yvonne Michielle Randall**  
Full Name (Last, First, Middle Initial)

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 Occupation  
Touro University Nevada Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2016  
**Transaction ID : 71154152**

Amount of Each Receipt this Period  
90.00

Memo Item

**C. Nancy Z Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1268 Sheridan Rd

City State Zip Code  
Highland Park IL 60035-4120

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

Name of Employer Occupation  
Glantz/Richman Rehabilitation Assoc. Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2016  
**Transaction ID : 71318735**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	631.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 23  
(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)**

**A. Patrick James Bloom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 Elm Tree Lane  
City State Zip Code  
Vernon Hills IL 60061-1806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Sundance Rehab Corp Occupational Therapist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
212.88

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2016  
**Transaction ID : 71318765**  
Amount of Each Receipt this Period  
60.83  
 Memo Item

**B. Amy Jo Lamb**  
Full Name (Last, First, Middle Initial)  
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 Occupation  
Eastern Michigan Univ. and DBA/ AJ Lam Occupational Therapist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
306.68

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2016  
**Transaction ID : 71318769**  
Amount of Each Receipt this Period  
45.00  
 Memo Item

**C. Florence B Hannes**  
Full Name (Last, First, Middle Initial)  
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 Occupation  
Orange County Community College Occupational Therapist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
354.19

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2016  
**Transaction ID : 71318770**  
Amount of Each Receipt this Period  
60.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 166.66  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Janice Diane Hinds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2467 S Lincoln St  
 City State Zip Code  
 Denver CO 80210-5016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Col Dept of Human Services, Col Mental Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 371.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : 71318777**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Rebecca Ann Piazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12014 Nw 136th St  
 City State Zip Code  
 Alachua FL 32615-6549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UF Health Shands Rehab Hospital Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : 71318779**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Neil Harvison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 Ridge Rd  
 City State Zip Code  
 New Milford CT 06776-3131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Occupational Therapy Associat Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : 71318780**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kimberly Bryze**  
Full Name (Last, First, Middle Initial)

Mailing Address 4001 Elm St

City Downers Grove State IL Zip Code 60515-2107

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

Name of Employer: **Midwestern Univ** Occupation: **Occupational Therapist**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 15 / 2016**  
**Transaction ID : 71318781**

Amount of Each Receipt this Period: **100.00**

Memo Item

**B. Timothy Justin Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Mayflower Dr

City Wentzville State MO Zip Code 63385-3563

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

Name of Employer: **University of Missouri** Occupation: **Occupational Therapist**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **298.35**

Date of Receipt: **05 / 15 / 2016**  
**Transaction ID : 71318782**

Amount of Each Receipt this Period: **41.67**

Memo Item

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

Mailing Address 453 W 10th Ave

City Columbus State OH Zip Code 43210-2205

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

Name of Employer: **Ohio State University** Occupation: **Occupational Therapist**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 09 / 2016**  
**Transaction ID : 71318785**

Amount of Each Receipt this Period: **100.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **241.67**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 23  
(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. Jennifer Lee McLaughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Ruth Ellen Ct S  
 City Newark State DE Zip Code 19711-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUMH, Inc. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 10 / 2016  
**Transaction ID : 71318786**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Christine C Hay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 Fir Hollow Ln  
 City Lincoln State NE Zip Code 68516-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rehab Care Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.99

Date of Receipt 05 / 10 / 2016  
**Transaction ID : 71318796**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

**c. Christine C Hay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 Fir Hollow Ln  
 City Lincoln State NE Zip Code 68516-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rehab Care Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.82

Date of Receipt 05 / 15 / 2016  
**Transaction ID : 71318797**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 157.08  
**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 13 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

**A. Carol Rose Scheerer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Saint James Ave Apt 4  
 City State Zip Code  
 Cincinnati OH 45206-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Xavier University Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.19

Date of Receipt  
 05 / 25 / 2016  
**Transaction ID : 71564279**  
 Amount of Each Receipt this Period  
 60.83  
 Memo Item

**B. DR Kathleen D Weissberg**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Endura Care Therapy Mgmt Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.19

Date of Receipt  
 05 / 17 / 2016  
**Transaction ID : 71564332**  
 Amount of Each Receipt this Period  
 60.83  
 Memo Item

**C. Carla Sue Wilhite**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 231.56

Date of Receipt  
 05 / 16 / 2016  
**Transaction ID : 71564333**  
 Amount of Each Receipt this Period  
 109.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dawn Albarado Sonnier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 317  
 City Watson State LA Zip Code 70786-0317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DHH NORTHLAKE SUPPORTS AND SERVICE Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **404.19**

Date of Receipt **05 / 24 / 2016**  
**Transaction ID : 71564334**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**B. MS Jennifer Lynn Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 N 20th St  
 City San Jose State CA Zip Code 95112-1861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DBA JLD Therapy Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **365.00**

Date of Receipt **05 / 19 / 2016**  
**Transaction ID : 71564343**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

**C. Sheri Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Clermont Ct  
 City Palm Coast State FL Zip Code 32137-8926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of St. Augustine Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **444.44**

Date of Receipt **05 / 26 / 2016**  
**Transaction ID : 71564345**  
 Amount of Each Receipt this Period **111.11**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>536.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 23  
(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. Susan J Harris**

Mailing Address 2124 Sunset Blvd

City San Diego State CA Zip Code 92103-1527

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

Name of Employer Therapy Specialists Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.35**

Date of Receipt  
**05 / 20 / 2016**

**Transaction ID : 71564349**

Amount of Each Receipt this Period  
**41.67**

Memo Item

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.35**

Date of Receipt  
**05 / 20 / 2016**

**Transaction ID : 71564350**

Amount of Each Receipt this Period  
**41.67**

Memo Item

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.06**

Date of Receipt  
**05 / 24 / 2016**

**Transaction ID : 71564351**

Amount of Each Receipt this Period  
**30.38**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **113.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Michael Thomas Berthelette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4311 S Cameron Ave  
 City Tampa State FL Zip Code 33611-1327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BMR Health Services, Inc. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **540.00**

Date of Receipt **05 / 22 / 2016**  
**Transaction ID : 71564352**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. MR Jesse Valdez Chavez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 1901  
 City Mesilla Park State NM Zip Code 88047-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gadsden Independent District Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **304.15**

Date of Receipt **05 / 24 / 2016**  
**Transaction ID : 71564354**  
 Amount of Each Receipt this Period **60.83**  
 Memo Item

**C. Amy Jo Lamb**  
 Full Name (Last, First, Middle Initial)  
 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 Eastern Michigan Univ. and DBA/ AJ Lam Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **348.35**

Date of Receipt **05 / 24 / 2016**  
**Transaction ID : 71564356**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>202.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Penelope A Moyers Cleveland**  
 Full Name (Last, First, Middle Initial)  
 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 202.06

Date of Receipt 05 / 27 / 2016  
**Transaction ID : 71564359**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**B. Brent Howard Braveman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Hermann Park Ct Apt 432  
 City Houston State TX Zip Code 77021-2293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M.D. Anderson Cancer Center Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 484.15

Date of Receipt 05 / 19 / 2016  
**Transaction ID : 71564363**  
 Amount of Each Receipt this Period 60.83  
 Memo Item

**C. Jeanine Ann Beasley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Michigan St Ne, Rm 256  
 City Grand Rapids State MI Zip Code 49503-3314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grand Valley State Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : 71564376**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	391.25
<b>TOTAL</b> This Period (last page this line number only).....	3078.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement  
Bank Fees on Account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 71320315**

Amount of Each Disbursement this Period

Memo Item  
Bank Fees on Account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Paul Tonko For Congress**

Mailing Address 911 Central Avenue  
# 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Paul David Tonko**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 71142546**

Amount of Each Disbursement this Period

2000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Sen. Chuck E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 71142659**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Gene Green**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 71142763**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 71142833**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Democratic National Committee**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Democratic National Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 71142916**

Amount of Each Disbursement this Period

15000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Sen. Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 71143041**

Amount of Each Disbursement this Period

1000.00

Memo Item  
campaign contribution

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

17000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

**Transaction ID : 71331202**

Amount of Each Disbursement this Period

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

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Kevin Patrick Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

**Transaction ID : 71331206**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C. People For Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

**Transaction ID : 71331208**

Amount of Each Disbursement this Period

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

Memo Item  
campaign contribution

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

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Sen. Roy Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

**Transaction ID : 71331209**

Amount of Each Disbursement this Period

2500.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

**Transaction ID : 71331263**

Amount of Each Disbursement this Period

5000.00

Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Frederick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

**Transaction ID : 71331264**

Amount of Each Disbursement this Period

1500.00

Memo Item  
campaign contribution

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Richard Burr Committee; The**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

**Transaction ID : 71331265**

Purpose of Disbursement  
campaign contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
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Memo Item  
campaign contribution

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

City State Zip Code

Amount of Each Disbursement this Period

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Memo Item

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

City State Zip Code

Amount of Each Disbursement this Period

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Memo Item

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

1000.00
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35500.00
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