REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -9 A 10:43

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
4720 Montgomery Lane, PO Box 31220

CITY, STATE and ZIP CODE
Bethesda, Maryland 20824-1220

2. FEC IDENTIFICATION NUMBER
C00089086

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11/7/00 in the State of U.S.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. (a) Cash on Hand January 1, 2000		$ 57,288.93
(b) Cash on Hand at Beginning of Reporting Period	$ 32,971.63	
(c) Total Receipts (from Line 19)	$ 17,852.11	$ 178,047.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 50,832.74	$ 235,336.36
7. Total Disbursements (from Line 30)	$ 11,410.99	$ 195,923.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 39,412.75	$ 39,412.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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

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
Chris Bluhm, Treasurer

Signature of Treasurer

Date 12/6/00

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

FEC FORM 3X
(revised 9/98)

FEDAN099

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 10/19/00 TO: 11/27/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	400.00	2,650.00	11(a)i
ii. Unitemized	17,413.66	175,040.65	11(a)ii
iii. Total (add i and ii) ➤	17,813.66	177,690.65	11(a)iii
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	17,813.66	177,690.65	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	38.45	356.78	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17,852.11	178,047.43	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17,852.11	178,047.43	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)i
ii. Non-Federal Share	-0-	-0-	21(a)ii
b. Other Federal Operating Expenditures	910.99	59,561.77	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	910.99	59,561.77	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,500.00	131,974.84	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	287.00	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	287.00	28(d)
29. Other Disbursements	-0-	4,100.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,410.99	195,923.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,410.99	195,923.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17,813.66	177,690.65	32
33. Total Contribution Refunds (from line 28d)	-0-	287.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,813.66	177,403.65	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	910.99	59,561.77	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	910.99	59,561.77	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.i.

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, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Haru Hirama RR 2, Box 77 Dogwood Dr. Auburn, PA 17922-0722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Haru Hirama Consultants Occupation: occupational therapist Aggregate Year-to-Date > $ 255.00	10/20/00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Myrla Smith 1104 S. Elm Dr. Los Angeles, CA 90035-1122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: occupational therapist Aggregate Year-to-Date > $ 250.00	11/3/00	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Zelles 38 Charisse Court Hewitt, NJ 07421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Denville Concept Board of Education Occupation: occupational therapist Aggregate Year-to-Date > $ 350.00	11/13/00	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > 400.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SunTrust Bank (was Crestar) PO Box 26150 Richmond, VA 23260-6150	interest earned	10/31/00	38.45
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $356.78.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) 38.45

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21.b.

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

A. Full Name, Mailing Address and ZIP Code SunTrust Bank (was Crestar) PO Box 26150 Richmond, VA 23260-6150	Purpose of Disbursement Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD:$1,099.78	Date (month, day, year) 10/24/00	Amount of Each Disbursement This Period 486.14
B. Full Name, Mailing Address and ZIP Code SunTrust Bank (was Crestar) PO Box 26150 Richmond, VA 23260-6150	Purpose of Disbursement Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD:$1,524.63	Date (month, day, year) 11/22/00	Amount of Each Disbursement This Period 424.85
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 910.99

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Schweitzer (D-MT) Schweitzer for Senate 6 Green Place Whitefish, MT 59937	campaign contribution U.S. Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify) YTD: $2,000.00	10/27/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zell Miller (D-GA) Zell Miller for Senate 110 B East Broad Street Falls Church VA 22046	campaign contribution U.S. Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Weygand (D-RI) Weygand for Senate PO Box 7818 Warwick, RI 02827	campaign contribution U.S. Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Linda Chapin (D-FL-8) Linda Chapin for U.S. Congress PO Box 952 Orlando, FL 32802-0952	campaign contribution U.S. House of Reps. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John D. Dingell (D-MI-16) John D. Dingell for Congress Committee PO Box 75214 Washington, DC 20013-5214	campaign contribution U.S. House of Reps. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy (D-ND-At Large) Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	campaign contribution U.S. House of Reps. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bobby Rush (D-IL-1) Citizens for Rush 222 W. Ontario, Suite 503 Chicago, IL 60610	campaign contribution U.S. House of Reps. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Ross (D-AR-4) Mike Ross for Congress PO Box 360 Prescott, AR 71857	campaign contribution U.S. House of Reps. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marc Guthrie (D-OH-18) Marc Guthrie for Congress PO Box 18 Newark, OH 43055	campaign contribution U.S. House of Reps. Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/1/00	500.00

SUBTOTAL of Disbursements This Page (optional) 9,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [x] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
David Wu (D-OR-1) David Wu for Congress 818 SW 3rd Ave #1182 Portland, OR 97204	campaign contribution U.S. House of Reps.	11/1/00	500.00
Dennis Moore (D-KS-3) Dennis Moore for U.S. Congress PO Box 14631 Shawnee Mission, KS 66205	campaign contribution U.S. House of Reps.	11/1/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	10,500.00

FE7A6047

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 12/7/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

12/7/00
DATE PREPARED

(6/2000)