

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 lines
The 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** 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 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 (12G)
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 03 01 2009 through 03 31 2009

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 04 20 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		92142.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	82564.24									
(c) Total Receipts (from Line 19)	9456.01	22619.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92020.25	114762.07								
7. Total Disbursements (from Line 31)	44782.06	67523.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47238.19	47238.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	250.00	1165.00
(i) Itemized (use Schedule A)	9180.53	21378.91
(ii) Unitemized	9430.53	22543.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9430.53	22543.91
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.)	25.48	75.93
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))	9456.01	22619.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9456.01	22619.84

DETAILED SUMMARY PAGE

of Disbursements

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.....	321.06	842.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	321.06	842.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	66000.00
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	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.....	461.00	681.00
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))..	44782.06	67523.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44782.06	67523.88

DETAILED SUMMARY PAGE
of Disbursements

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	9430.53	22543.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9430.53	22543.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	321.06	842.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	321.06	842.88

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 / 17
	<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 (AOTPAC)

A.	Full Name (Last, First, Middle Initial) Ms Christine Gardner	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 17 Burton Avenue	Transaction ID: 28655345
	City State Zip Code Whitman MA 02382-1952	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Student of Occupational Therapy	Occupation STUDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Monica Lee Robinson	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 368 W 6th Ave	Transaction ID: 29480900
	City State Zip Code Columbus OH 43201-3135	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
Name of Employer HCR Manor Care	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Ms Christine Gardner	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 17 Burton Avenue	Transaction ID: 29482755
	City State Zip Code Whitman MA 02382-1952	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Student of Occupational Therapy	Occupation STUDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

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)

<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) National Republican Congressional Committee (NRCC)	Transaction ID: 28688298 Date of Disbursement 03 / 11 / 2009	
	Mailing Address 320 1st St., SE		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period	10000.00
	Purpose of Disbursement campaign contribution Candidate Name	011 Category/Type	
	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
B.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: 28688300 Date of Disbursement 03 / 11 / 2009	
	Mailing Address 175 South West Temple Suite 650		
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement campaign contribution Candidate Name Sen. Robert F. Bennett	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	campaign contribution
C.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 28688302 Date of Disbursement 03 / 11 / 2009	
	Mailing Address P. O. Box 17813		
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period	1500.00
	Purpose of Disbursement campaign contribution Candidate Name Rep. Eric I. Cantor	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	campaign contribution

SUBTOTAL of Disbursements This Page (optional)	12500.00
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)

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address Post Office Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement campaign contribution Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28688304 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution
B.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee Mailing Address P.O. Box 8331 City Fremont State CA Zip Code 94537 Purpose of Disbursement campaign contribution Candidate Name Rep. Fortney Peter Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28688306 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution
C.	Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement campaign contribution Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28688307 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

A.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	Transaction ID: 28688310 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution
B.	Full Name (Last, First, Middle Initial) Blumenauer For Congress <hr/> Mailing Address 830 Ne Holladay, #105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03	Transaction ID: 28688311 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution
C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid <hr/> Mailing Address P.O. Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	Transaction ID: 28688312 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

A.	Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement campaign contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28688313 Date of Disbursement 03 / 11 / 2009 Amount of Each Disbursement this Period 1000.00 campaign contribution
B.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco State CA Zip Code 94104 Purpose of Disbursement campaign contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28688314 Date of Disbursement 03 / 11 / 2009 Amount of Each Disbursement this Period 5000.00 campaign contribution
C.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee Mailing Address PO Box 360 City Prescott State AR Zip Code 71857 Purpose of Disbursement campaign contribution Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28688319 Date of Disbursement 03 / 11 / 2009 Amount of Each Disbursement this Period 2500.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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)

<p>A. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address PO Box 2323 Suite 5300</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28688320</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee (DCCC)</p> <p>Mailing Address 430 South Capitol St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28930581</p> <p>Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Doggett For Us Congress</p> <p>Mailing Address PO Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. Lloyd Doggett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29192853</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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)

<p>A. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29192856</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>campaign contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29192860</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>campaign contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29192864</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p> <p>campaign contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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 (AOTPAAC)

A. Full Name (Last, First, Middle Initial) Wyden For Senate <hr/> Mailing Address PO Box 3498 <hr/> City Portland State OR Zip Code 97208 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29192892 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	campaign contribution
B. Full Name (Last, First, Middle Initial) Rangel For Congress <hr/> Mailing Address PO Box 5577 Manhattanville Sta <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29192893 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	campaign contribution
C. Full Name (Last, First, Middle Initial) Mcnerney For Congress <hr/> Mailing Address 6520 Village Parkway Second Floor <hr/> City Dublin State CA Zip Code 94568 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29192896 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

A.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Mailing Address PO Box 871 City Bismarck State ND Zip Code 58502 Purpose of Disbursement campaign contribution Candidate Name Sen. Byron L. Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29192897 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution
B.	Full Name (Last, First, Middle Initial) Castle Campaign Fund Mailing Address PO Box 133 City Wilmington State DE Zip Code 19899 Purpose of Disbursement campaign contribution Candidate Name Rep. Michael N. Castle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29192898 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution
C.	Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress Mailing Address 1001 Brickell Bay Drive 9th Floor City Miami State FL Zip Code 33131 Purpose of Disbursement campaign contribution Candidate Name Rep. Lincoln G. Diaz-Balart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29192899 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional)		3000.00	
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)

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<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)

Bob Filner For Congress

Mailing Address PO Box 121480

City Chula Vista State CA Zip Code 91912

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Bob Filner

Office Sought: House
 Senate
 President

State: CA District: 51

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 29192900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

campaign contribution

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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)

SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
2008 Federal Income Taxes

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 28735203

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

461.00

2008 Federal Income Taxes

SUBTOTAL of Disbursements This Page (optional)

461.00

TOTAL This Period (last page this line number only)

461.00

**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 17 / 17

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
Bank fees on account

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 29187939

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

204.06

Bank fees on account

SUBTOTAL of Disbursements This Page (optional)

204.06

TOTAL This Period (last page this line number only)

204.06