

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2015

through

M M M / D D D / Y Y Y Y Y Y
08 31 2015

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 14 2015

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015 | | 69183.39 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 80625.73 | |
| (c) Total Receipts (from Line 19) | 14262.05 | 108139.76 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 94887.78 | 177323.15 |
| 7. Total Disbursements (from Line 31) | 17244.50 | 99679.87 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 77643.28 | 77643.28 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
08 01 2015

To:

M M / D D / Y Y Y Y Y
08 31 2015

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).....

7706.55

37251.74

(ii) Unitemized

6538.57

70767.96

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14245.12

108019.70

(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)

14245.12

108019.70

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.).....

16.93

120.06

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))..... ▶

14262.05

108139.76

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

14262.05

108139.76

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 | 244.50 | 2053.87 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 244.50 | 2053.87 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 17000.00 | 97500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 126.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 126.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 17244.50 | 99679.87 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17244.50 | 99679.87 |

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) | 14245.12 | 108019.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 126.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 14245.12 | 107893.70 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 244.50 | 2053.87 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 244.50 | 2053.87 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 41
(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. Rebecca Austill-Clausen

Mailing Address 100 John Robert Thomas Dr

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Exton | PA | 19341-2652 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Austill's Rehab. Svc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 03 | | 2015 |

Transaction ID : 67109826

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. MR Bobby Walsh

Mailing Address 115 S Regester St

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Baltimore | MD | 21231-1824 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125274

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Sandra Hoskins

Mailing Address 1613 Kirkby Ln

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Raleigh | NC | 27614-7228 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA/ Legacy Health Care Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 07 | | 2015 |

Transaction ID : 67125276

Amount of Each Receipt this Period

500.00

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

895.38

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

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

PAGE 7 OF 41

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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. Julie Renee Kalahar

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

Lake Area Technical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 07 | | 2015 |

Transaction ID : 67125277

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. David Dennis Clark

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2015 |

Transaction ID : 67125278

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Janis Elizabeth Battan

Mailing Address 3193 Allen Road

City

Elk

State

WA

Zip Code

99009-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Washington Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 03 | | 2015 |

Transaction ID : 67125279

Amount of Each Receipt this Period

30.42

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

91.26

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

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

PAGE 8 OF 41

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Janice Diane Hinds

Mailing Address 2467 S Lincoln St

City

Denver

State

CO

Zip Code

80210-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125280

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Trina Lea Schulz

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2015 |

Transaction ID : 67125281

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Brent Howard Braveman

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 03 | | 2015 |

Transaction ID : 67125282

Amount of Each Receipt this Period

30.42

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

91.26

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

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

FOR LINE NUMBER: PAGE 9 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dianne Franklin Simons

Mailing Address 3009 Huntwick Ct

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Richmond | VA | 23233-7741 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Commonwealth UniversityOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 03 | / | 2015 |

Transaction ID : 67125283

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. LaDessa Forrest

Mailing Address 10207 W Yosemite Dr

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Wichita | KS | 67215-1580 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aegis TherapyOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 02 | / | 2015 |

Transaction ID : 67125284

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Denise Marie Miller

Mailing Address 12 Faircliff Ct

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Glendale | CA | 91206-1723 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
GAMC Therapy and Wellness CenterOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 08 | / | 2015 |

Transaction ID : 67125286

Amount of Each Receipt this Period

30.42

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

91.26

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

PAGE 10 OF 41

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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. Amy Hahn Solomon

Mailing Address 9568 La Quinta Dr

City

Lone Tree

State

CO

Zip Code

80124-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 2 | | 2 | 0 | 1 | 5 |

Transaction ID : 67125292

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Lori Vaughn

Mailing Address 175 Granville Rd

City

Southwick

State

MA

Zip Code

01077-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Path College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : 67125295

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Ivelisse Lazzarini

Mailing Address 2405 Silverside Rd

City

Wilmington

State

DE

Zip Code

19810-4520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lemoyne College

Occupation

ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.58

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 2 | | 2 | 0 | 1 | 5 |

Transaction ID : 67125297

Amount of Each Receipt this Period

30.42

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

91.26

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

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

PAGE 11 OF 41

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Neil Harverson

Mailing Address 56 Ridge Rd

City

New Milford

State

CT

Zip Code

06776-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125298

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dahlia C Castillo

Mailing Address 6960 Bruce Bissonette Dr

City

El Paso

State

TX

Zip Code

79912-8516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

701.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125299

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125300

Amount of Each Receipt this Period

30.42

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

102.84

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

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

PAGE 12 OF 41

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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. Margo A Kreger

Mailing Address 5407 Carey Dr

City

Cedar Falls

State

IA

Zip Code

50613-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hawkeye Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2015 |

Transaction ID : 67125301

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Patrick James Bloom

Mailing Address 410 Elm Tree Lane

City

Vernon Hills

State

IL

Zip Code

60061-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sundance Rehab Corp

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125302

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Stephen B Kern

Mailing Address 1023 Kimball St

City

Philadelphia

State

PA

Zip Code

19147-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125303

Amount of Each Receipt this Period

30.42

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

91.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 41
(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michelle Rae Parolise

Mailing Address 6822 Loyola Dr

| | | |
|------------------|-------|------------|
| City | State | Zip Code |
| Huntington Beach | CA | 92647-4054 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Ana College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125304

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Monica Lee Robinson

Mailing Address 453 W 10th Ave

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Columbus | OH | 43210-2205 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125305

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Cynthia A Robinson

Mailing Address 1200 N Stonewall Ave

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Oklahoma City | OK | 73117-1215 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Oklahoma Health Sciences Cente

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2015 |

Transaction ID : 67125306

Amount of Each Receipt this Period

30.42

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

160.84

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

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

PAGE 14 OF 41

| | | | | | | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. Patricia E Fingerhut

Mailing Address 2201 Twin Oaks Blvd

City

Kemah

State

TX

Zip Code

77565-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX Med Branch

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125307

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Rebecca Ann Piazza

Mailing Address 12014 Nw 136th St

City

Alachua

State

FL

Zip Code

32615-6549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shands Rehab Hospital

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125308

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS Kim Ann Mahoney

Mailing Address 1210 Puritan Ave

City

Bronx

State

NY

Zip Code

10461-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Top Health

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125310

Amount of Each Receipt this Period

30.42

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

110.84

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 41

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MRS Laura Elizabeth Robinson

Mailing Address 2490 Dongara Dr Apt 510

City

Dexter

State

MI

Zip Code

48130-1579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Health Care Center of Ann Ar

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.90

Date of Receipt

08 / 02 / 2015

Transaction ID : 67125311

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. MS Sara Marie Androya

Mailing Address 50634 Jefferson Apt # 219

City

New Baltimore

State

MI

Zip Code

48047-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lapeer County Intermediate School Dist

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.32

Date of Receipt

08 / 09 / 2015

Transaction ID : 67125312

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Jennifer Lee Mclaughlin

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer

PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 03 / 2015

Transaction ID : 67125313

Amount of Each Receipt this Period

45.00

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

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

105.84

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

FOR LINE NUMBER: PAGE 16 OF 41

(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Christine Lynn Kroll

Mailing Address 1528 Chase Blvd

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Greenwood | IN | 46142-1559 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Therapy ServiceOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125314

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Kelly Landry Alig

Mailing Address 1900 Gravier St

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| New Orleans | LA | 70112-2262 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana State University HSC New OrlOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 07 | | 2015 |

Transaction ID : 67125315

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Elizabeth Ann Kelso

Mailing Address 32 Whitworth Blvd

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Nashville | TN | 37205-5003 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed Occupational TherapistOccupation
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 |
| 08 | | 06 | | 2015 |

Transaction ID : 67125318

Amount of Each Receipt this Period

150.00

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

210.84

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

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

FOR LINE NUMBER: PAGE 17 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wendy Welch Jones

Mailing Address 28222 Timber Vlg

City State Zip Code
 Magnolia TX 77355-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal EMS

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 02 / 2015

Transaction ID : 67125328

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Tanya Jeanne Bay

Mailing Address 3330 Riva Ridge Dr

City State Zip Code
 Fort Collins CO 80526-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Colorado Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

08 / 09 / 2015

Transaction ID : 67125329

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Carolyn Baum

Mailing Address 4444 Forest Park Ave

City State Zip Code
 Saint Louis MO 63108-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Univ School of Medicine

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 08 / 2015

Transaction ID : 67125330

Amount of Each Receipt this Period

30.42

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

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

91.26

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

PAGE 18 OF 41

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MISS Kelsi A Shough

Mailing Address 2145 Northglen Dr

City
ClovisState
NMZip Code
88101-9357FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech University Health Sciences

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : 67125332

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jesse Valdez Chavez

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 ▼

243.36

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 2 | | 2 | 0 | 1 | 5 |

Transaction ID : 67125333

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. 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 ▼

243.36

Date of Receipt

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

Transaction ID : 67125335

Amount of Each Receipt this Period

30.42

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

91.26

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

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

PAGE 19 OF 41

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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. Anne Elizabeth Dickerson

Mailing Address 1806 Planters Walk

City

Greenville

State

NC

Zip Code

27858-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Carolina Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : 67125336

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Gail Fisher

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.82

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2015 |

Transaction ID : 67125337

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. Gerri Ann Duran

Mailing Address 4920 Calle De Tierra Ne

City

Albuquerque

State

NM

Zip Code

87111-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

308.36

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08 | | 06 | | 2015 |

Transaction ID : 67125338

Amount of Each Receipt this Period

30.42

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

121.67

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 20 OF 41
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Yvonne Michelle Randall

Mailing Address 6576 Appletree Cir

City State Zip Code
 Las Vegas NV 89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Touro University Nevada

Occupation
 Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : 67125339

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Beverly A Meredith

Mailing Address Po Box 353

City State Zip Code
 Perry KS 66073-0353

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Frances Health Center

Occupation
 Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 02 / 2015

Transaction ID : 67125342

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Allison Mae Stone

Mailing Address 6682 Oxendale Ave

City State Zip Code
 Las Vegas NV 89139-5364

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sunrise Hospital

Occupation
 Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : 67125344

Amount of Each Receipt this Period

30.42

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

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

150.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 41
(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. Rita Patricia Fleming-Castaldy

Mailing Address 551 Sudbury St

City

Marlborough

State

MA

Zip Code

01752-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Scranton

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

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

Transaction ID : 67125348

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Stephanie Singleton

Mailing Address 78 Coryphodon Ln

City

Jemez Springs

State

NM

Zip Code

87025-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Home Health Svcs

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : 67152687

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Jennifer C Johnson

Mailing Address 1126 N Cedar St

City

Abilene

State

KS

Zip Code

67410-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hoover Bachman Assoc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 1 | 5 |

Transaction ID : 67152688

Amount of Each Receipt this Period

30.38

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

91.22

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

PAGE 22 OF 41

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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. Joan Maria Soltis

Mailing Address 1101 N 11th St

City
SalinaState
KSZip Code
67401-2921FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Mackie University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 15 | | 2015 |

Transaction ID : 67152689

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Carla Sue Wilhite

Mailing Address 1434 Adams St Ne

City

Albuquerque

State

NM

Zip Code

87110-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 15 | | 2015 |

Transaction ID : 67152691

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Sheri Montgomery

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) ▼

Aggregate Year-to-Date ▼

1250.03

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 10 | | 2015 |

Transaction ID : 67152693

Amount of Each Receipt this Period

1000.00

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

1060.80

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

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

PAGE 23 OF 41

| | | | | | | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. Kimberly Bryze

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 ▼

800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 1 | 5 |

Transaction ID : 67152695

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rachelle Dorne

Mailing Address 601 Nw 82nd Ave Apt 604

City

Plantation

State

FL

Zip Code

33324-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : 67153423

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Pamela Ellen Toto

Mailing Address 7008 Lyons View Ct

City

Murrysville

State

PA

Zip Code

15668-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 1 | 5 |

Transaction ID : 67153428

Amount of Each Receipt this Period

30.42

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

160.84

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

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

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

FOR LINE NUMBER: PAGE 24 OF 41
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jennifer Dee Wolff

Mailing Address 400 Tumbleweed Trl

City State Zip Code
Waverly IA 50677-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Taylor Physical Therapy Assoc.

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2015

Transaction ID : 67153431

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Kerri Heroux

Mailing Address 953 Avenida Manana Ne

City State Zip Code
Albuquerque NM 87110-6166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Onpointe at Home

Occupation
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

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

Transaction ID : 67153434

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Susan K Goszewski

Mailing Address 225 Oregon Rd

City State Zip Code
Cheshire CT 06410-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Hosp

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2015

Transaction ID : 67340813

Amount of Each Receipt this Period

30.42

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

91.18

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 41

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bruce Allan Haack

Mailing Address 13604 Ne 42nd Ave

City

Vancouver

State

WA

Zip Code

98686-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salmon Creek Children's Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 20 / 2015

Transaction ID : 67340814

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. DR Kathleen D Weissberg

Mailing Address 115 Beaufort Lane

City

Milford

State

DE

Zip Code

19963-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

395.38

Date of Receipt

08 / 17 / 2015

Transaction ID : 67340828

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. Gloria R Lucker

Mailing Address 2495 Main St Ste 234

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Optimal Therapy Associates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

505.83

Date of Receipt

08 / 23 / 2015

Transaction ID : 67340830

Amount of Each Receipt this Period

60.83

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

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

204.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 41
(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. Florence B Hannes

Mailing Address 32 Lake Rd

City

Salisbury Mills

State

NY

Zip Code

12577-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orange County Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.15

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 22 | / | 2015 |

Transaction ID : 67340835

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Andrea M Bilics

Mailing Address 20 Lexington Ln

City

Millis

State

MA

Zip Code

02054-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Worcester State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 23 | / | 2015 |

Transaction ID : 67340836

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Harriett Smith Bynum

Mailing Address 100 Cottonwood Dr

City

Oakdale

State

PA

Zip Code

15071-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kent State University, East Liverpool

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 21 | / | 2015 |

Transaction ID : 67340837

Amount of Each Receipt this Period

30.42

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

121.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 41
(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. Cathy M Mistovich

Mailing Address 2631 Monaldi Pkwy

| | | |
|------|-------|------------|
| City | State | Zip Code |
| Dyer | IN | 46311-2134 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Suburban CollegeOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.26

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 19 | | 2015 |

Transaction ID : 67340841

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jodie Marie Valls

Mailing Address 183 Lake Carnegie Ct

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Laredo | TX | 78041-2062 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laredo Community CollegeOccupation
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 23 | | 2015 |

Transaction ID : 67340843

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kory Jean Hall

Mailing Address 209 1st St Sw

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Watertown | SD | 57201-4210 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Area Technical InstituteOccupation
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2015 |

Transaction ID : 67340844

Amount of Each Receipt this Period

30.42

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

91.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 41
(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. Lisa Kay Iffland

Mailing Address 2417 W Gladys Ave

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Chicago | IL | 60612-4806 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 21 | / | 2015 |

Transaction ID : 67340845

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Esther Bernice Bell

Mailing Address 203 McClure St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Gonzales | TX | 78629-4213 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 21 | / | 2015 |

Transaction ID : 67340903

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Brent Howard Braveman

Mailing Address 1 Hermann Park Ct Apt 432

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Houston | TX | 77021-2293 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.15

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 20 | / | 2015 |

Transaction ID : 67340906

Amount of Each Receipt this Period

60.83

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

121.67

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

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

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

FOR LINE NUMBER: PAGE 29 OF 41
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Siebert

Mailing Address 304 Forbush Mountain Dr

City State Zip Code
 Chapel Hill NC 27514-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Self Employed Occupational Therapist Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 21 / 2015

Transaction ID : 67340907

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Mr. Scott David Nordquist

Mailing Address 11874 Canterbury Dr.

City State Zip Code
 Sterling Heights MI 48312-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 St. John's Hospital Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 21 / 2015

Transaction ID : 67340909

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Anna Haertling

Mailing Address 7200 Almeda Rd Apt 504

City State Zip Code
 Houston TX 77054-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 TIRR Memorial/Hermann Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.36

Date of Receipt

08 / 17 / 2015

Transaction ID : 67340910

Amount of Each Receipt this Period

30.42

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

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

91.26

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

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

FOR LINE NUMBER: PAGE 30 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Charlene Marie Baize

Mailing Address 9111 Lakes At 610 Dr Apt 2211

City State Zip Code
Houston TX 77054-2458

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Texas Childrens Hosp. Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 67341057

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dennis Sullivan Cleary

Mailing Address 453 W 10th Ave

City State Zip Code
Columbus OH 43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
The Ohio State Univ Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 67341059

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Barbara Winthrop

Mailing Address 4919 Holly St

City State Zip Code
Bellaire TX 77401-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
DBA Aaron & Winthrop Hand Therapy Serv Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 20 / 2015

Transaction ID : 67341087

Amount of Each Receipt this Period

2000.00

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

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

2395.00

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

FOR LINE NUMBER: PAGE 31 OF 41

(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. Emily S Pugh

Mailing Address 1744 Nw 7th Pl

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Gainesville | FL | 32603-1221 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Florida

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 28 | / | 2015 |

Transaction ID : 67390642

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Diane Lynn Smith

Mailing Address 120 Pleasant St Unit 306

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Watertown | MA | 02472-2398 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 27 | / | 2015 |

Transaction ID : 67390643

Amount of Each Receipt this Period

91.26

Full Name (Last, First, Middle Initial)

C. Dawn Albarado Sonnier

Mailing Address 35921 Sarasota Ave

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Denham Springs | LA | 70706-8633 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

DHH NORTHLAKE SUPPORTS AND SERVICE

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.37

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 24 | / | 2015 |

Transaction ID : 67390645

Amount of Each Receipt this Period

60.83

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

182.51

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 41
(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. Penelope A Moyers Cleveland

Mailing Address 575 Cleveland Ave S Apt 10

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Saint Paul | MN | 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 ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 27 | / | 2015 |

Transaction ID : 67390647

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Nathan Bernard Herz

Mailing Address 100 Baldwin Blvd

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Fishersville | VA | 22939-2375 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Health Sciences Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 27 | / | 2015 |

Transaction ID : 67390648

Amount of Each Receipt this Period

91.22

Full Name (Last, First, Middle Initial)

C. Timothy Justin Wolf

Mailing Address 620 Mayflower Dr

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Wentzville | MO | 63385-3563 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 27 | / | 2015 |

Transaction ID : 67390649

Amount of Each Receipt this Period

30.42

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

152.06

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 41
(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. Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Ln

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : 67390650

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Sharon Thomson Reitz

Mailing Address 8544 Window Latch Way

City

Columbia

State

MD

Zip Code

21045-5637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Towson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 5 | | 2 | 0 | 1 | 5 |

Transaction ID : 67390652

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kristie Patten Koenig

Mailing Address 721 N Jackson St

City

Media

State

PA

Zip Code

19063-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : 67390656

Amount of Each Receipt this Period

30.42

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

100.84

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

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

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

FOR LINE NUMBER: PAGE 34 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City State Zip Code
Dexter MI 48130-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Michigan Univ. and DBA/ AJ Lam

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : 67390657

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Diana Lynn Gibson-Lee

Mailing Address 7450 W Dyer Rd

City State Zip Code
Twining MI 48766-9773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2015

Transaction ID : 67390658

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City State Zip Code
Zanesville OH 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 ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : 67390659

Amount of Each Receipt this Period

30.42

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

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

91.26

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

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

FOR LINE NUMBER: PAGE 35 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Rose Scheerer

Mailing Address 2121 Saint James Ave Apt 4

City State Zip Code
Cincinnati OH 45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Xavier University Occupational Therapist

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : 67390660

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

B. Kathryn Melin Eberhardt

Mailing Address 142 North Rebecca Street

City State Zip Code
Glenwood IL 60425-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
South Suburban College Occupational Therapy Assistant

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : 67390661

Amount of Each Receipt this Period

60.83

Full Name (Last, First, Middle Initial)

C. DR Ruth S Ramsey

Mailing Address 50 Acacia Ave

City State Zip Code
San Rafael CA 94901-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Dominican Univ of CA Occupational Therapist

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : 67390662

Amount of Each Receipt this Period

30.42

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

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

152.08

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Thomas Berthelette

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 ▼

800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 5 | | 2 | 0 | 1 | 5 |

Transaction ID : 67390663

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

Amount of Each Receipt this Period

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

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

100.00

7706.55

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

PAGE 37 OF 41

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. SunTrust Bank

Date of Disbursement

| | | | | | | | | | | | |
|---|---|--|---|---|--|------|---|---|---|---|---|
| M | M | | D | D | | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | 1 | 5 | | 2015 | | | | | |

Mailing Address PO Box 4418, Mail Code 1948

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Atlanta | GA | 30302 |

Transaction ID : 67340983Purpose of Disbursement
Bank Fees on Account

001

Amount of Each Disbursement this Period

Candidate Name

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | | 244.50 |
|--|--|--|--|--|--|--|--|--|--|--------|

| | |
|----------------|------------------------------------|
| 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) ▼ | |

Bank Fees on Account

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | | | | | | | | |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M | | D | D | | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Mailing Address

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

Purpose of Disbursement

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Amount of Each Disbursement this Period

Candidate Name

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

| | |
|----------------|------------------------------------|
| 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) ▼ | |

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | | | | | | | | |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M | | D | D | | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Mailing Address

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

Purpose of Disbursement

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Amount of Each Disbursement this Period

Candidate Name

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

| | |
|----------------|------------------------------------|
| 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) ▼ | |

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

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | | 244.50 |
|--|--|--|--|--|--|--|--|--|--|--------|

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

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | | 244.50 |
|--|--|--|--|--|--|--|--|--|--|--------|

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

PAGE 38 OF 41

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Blumenthal For Connecticut

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Mailing Address 777 Summer Street Ste 103

C/O Cacace Tusch & Santagata

City

Stamford

State

CT

Zip Code

06901

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Richard BlumenthalCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: CT

District:

Transaction ID : 66973217

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

campaign contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Mailing Address PO Box 99567

City

Raleigh

State

NC

Zip Code

27624

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Renee Ellmers RNCategory/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: NC

District: 02

Transaction ID : 66973218

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

campaign contribution

Full Name (Last, First, Middle Initial)

C. Clarke For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Mailing Address 111-36 200th. Street

City

Hollis

State

NY

Zip Code

11412

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Yvette D. ClarkeCategory/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: NY

District: 09

Transaction ID : 66973219

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

campaign contribution

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

| |
|---------|
| 4500.00 |
|---------|

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

PAGE 39 OF 41

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Heller For Senate

Mailing Address PO Box 371907

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

Purpose of Disbursement

011

Candidate Name

Sen. Dean Heller

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

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

State: NV District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Transaction ID : 66973270

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Long Beach | CA | 90802 |

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Tony Cardenas

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

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

State: CA District: 29

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Transaction ID : 66973271

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

campaign contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Bowling Green | KY | 42102 |

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Brett Guthrie

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

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

State: KY District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Transaction ID : 66973272

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

campaign contribution

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

| |
|---------|
| 3000.00 |
|---------|

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

PAGE 40 OF 41

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bakersfield | CA | 93389 |

Purpose of Disbursement
Camaign contribution

011

Candidate Name

Rep. Kevin McCarthyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 04 | / | 2015 |

Transaction ID : 66973273

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Camaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Unionville | PA | 19375 |

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joe R. PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 04 | / | 2015 |

Transaction ID : 66973274

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Susan BrooksMailing Address 9425 N Meridian Street
237

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Indianapolis | IN | 46260 |

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Susan BrooksCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 04 | / | 2015 |

Transaction ID : 66973275

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

campaign contribution

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

| |
|---------|
| 7000.00 |
|---------|

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

PAGE 41 OF 41

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Levin For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Mailing Address PO Box 37

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Roseville | MI | 48066 |

Transaction ID : 66973276Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Sandy M. LevinCategory/
Type

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

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

State: MI District: 09

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2015 |

Mailing Address PO Box 775

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Unionville | PA | 19375 |

Transaction ID : 66973277Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Joe R. PittsCategory/
Type

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

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

State: PA District: 16

campaign contribution

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

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

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

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

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

State: District:

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

2500.00

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

17000.00