

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

Office Use Only

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

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00089086

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

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

Type or Print Name of Treasurer

Christina A. Metzler

Signature of Treasurer

Electronically Filed by Christina A. Metzler

Date

12

17

2007

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. 02/2003)

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
(AOT PAC)

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		77451.16
(b) Cash on Hand at Beginning of Reporting Period	77091.00	
(c) Total Receipts (from Line 19)	17772.29	185373.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94863.29	262824.85
7. Total Disbursements (from Line 31)	6478.44	174440.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88384.85	88384.85
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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	2042.18	19956.54
(i) Itemized (use Schedule A)		
(ii) Unitemized	15424.18	164226.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17466.36	184183.41
(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)	17466.36	184183.41
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	100.00
17. Other Federal Receipts (Dividends, Interest, etc.)	305.93	1090.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17772.29	185373.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17772.29	185373.69

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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	478.44	3425.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	478.44	3425.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	170500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	515.00
(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	515.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6478.44	174440.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6478.44	174440.00

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)	17466.36	184183.41
34. Total Contribution Refunds (from Line 28(d))	0.00	515.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17466.36	183668.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	478.44	3425.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	478.44	3425.00

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Miriam Paula Wedemeyer

Mailing Address Apt 103
4165 Warner Ave

City State Zip Code
Huntington Bh CA 92649-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Beach Memorial Med
Ctr

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 7

Transaction ID: 22127036

Amount of Each Receipt this Period

265.00

B. Full Name (Last, First, Middle Initial)
Maria Angelica Barraza

Mailing Address 5716 N Jersey Ave

City State Zip Code
Chicago IL 60659-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pathways Center

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

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

Transaction ID: 22127046

Amount of Each Receipt this Period

30.42

C. Full Name (Last, First, Middle Initial)
Shawn Christopher Phipps

Mailing Address 3827 Evans Street
Apt #6

City State Zip Code
Los Angeles CA 90027-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacqueline Perry Institute

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 22130307

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

545.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 20

(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. Teri L Black

Mailing Address 1106 Droster Rd

City State Zip Code
Madison WI 53716-1524

FEC ID number of contributing federal political committee.

C

Name of Employer
Madison Area Technical College

Occupation
OTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 22131648

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City State Zip Code
Leesburg VA 20176-6026

FEC ID number of contributing federal political committee.

C

Name of Employer
Loudoun County Public Schools

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

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

Transaction ID: 22133984

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Coralie H Glantz

Mailing Address 1560 Indian Trail Dr

City State Zip Code
Riverwoods IL 60015-1627

FEC ID number of contributing federal political committee.

C

Name of Employer
Glantz/Richman Rehabilitation Association

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22288091

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(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 (AOTPA)

A. Full Name (Last, First, Middle Initial) Christina Chott Mailing Address 7151 Gaston Ave. #612 City Dallas State TX Zip Code 75214-6102 FEC ID number of contributing federal political committee. C Name of Employer OT Student Occupation STUDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 22288125 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	7	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	9	/	2	0	0	7																							
300.00																																
B. Full Name (Last, First, Middle Initial) Christine Leavens Cullenberg Mailing Address 100 N Thetford Rd City Lyme State NH Zip Code 03768-3102 FEC ID number of contributing federal political committee. C Name of Employer Mary Hitchcock Memorial Hosp Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 22288233 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	9	/	2	0	0	7																							
10.00																																
C. Full Name (Last, First, Middle Initial) Michael Jonathan Steinhauer Mailing Address 2913 Pelham Rd City Madison State WI Zip Code 53713-3465 FEC ID number of contributing federal political committee. C Name of Employer DBA The Steinhauer Group Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 22288235 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	9	/	2	0	0	7																							
30.00																																

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Sheri Montgomery

Full Name (Last, First, Middle Initial)

Mailing Address 313 Herschler Ave

City State Zip Code
 Evanston WY 82930-5005

FEC ID number of contributing federal political committee.

C

Name of Employer
USCD #4Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288236

Amount of Each Receipt this Period

30.00

B. Linda Coogle Stephens

Full Name (Last, First, Middle Initial)

Mailing Address 2361 Fairoaks Rd

City State Zip Code
 Decatur GA 30033-1207

FEC ID number of contributing federal political committee.

C

Name of Employer
Atlanta Children's TherapyOccupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288238

Amount of Each Receipt this Period

30.00

C. Monica Lee Robinson

Full Name (Last, First, Middle Initial)

Mailing Address 368 W 6th Ave

City State Zip Code
 Columbus OH 43201-3135

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor CareOccupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288239

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 20

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Brent Howard Braveman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Unit 3c 1447 W Victoria St		Transaction ID: 22288240 Amount of Each Receipt this Period 30.00
City Chicago	State IL	
Zip Code 60660-4220		
FEC ID number of contributing federal political committee. C		
Name of Employer University of Illinois	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.00	

B. Full Name (Last, First, Middle Initial) Mary Margaret Arnold		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 1119 Maysville Ave		Transaction ID: 22288242 Amount of Each Receipt this Period 30.00
City Zanesville	State OH	
Zip Code 43701-5557		
FEC ID number of contributing federal political committee. C		
Name of Employer Zane State College	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

C. Full Name (Last, First, Middle Initial) Carolyn Baum		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 6314 S Rosebury 3 West		Transaction ID: 22288243 Amount of Each Receipt this Period 30.00
City Clayton	State MO	
Zip Code 63105-2255		
FEC ID number of contributing federal political committee. C		
Name of Employer Washington Univ School of Medicine	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)

Diana Rae Davis

Mailing Address 1013 Twin Oaks Drive

City State Zip Code
Morgantown WV 26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Univ

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288562

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

Trina Lea Schulz

Mailing Address 4915 Noble

City State Zip Code
Shawnee KS 66226-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas University Hosp Au-
thority

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288564

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)

Jamie Lea McNally

Mailing Address 1479 E 688 Rd

City State Zip Code
Lawrence KS 66049-9123

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288565

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 5440 10th Ct S

City State Zip Code
Birmingham AL 35222-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama at Birmin-
gham

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288566

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
Barbara Thoreson Brockevelt

Mailing Address 46357 309th St

City State Zip Code
Vermillion SD 57069-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer
The University of South
Dakota

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288569

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
Debra Ann Hines

Mailing Address 3982 E Herrera Dr

City State Zip Code
Phoenix AZ 85050-5465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Fiesta Pediatr-
ic Therapy

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22288570

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Harriett Smith Bynum Mailing Address 100 Cottonwood Dr City State Zip Code Oakdale PA 15071-1108 FEC ID number of contributing federal political committee. C Name of Employer Kent State University Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 22288571 Amount of Each Receipt this Period <table border="1"> <tr> <td>30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7	30.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	9	/	2	0	0	7														
30.00																							
B. Full Name (Last, First, Middle Initial) David Allen Haynes Mailing Address 3745 Kentland Dr City State Zip Code Roanoke VA 24018-2415 FEC ID number of contributing federal political committee. C Name of Employer Jefferson College of Health Sciences Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 22290085 Amount of Each Receipt this Period <table border="1"> <tr> <td>30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7	30.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	9	/	2	0	0	7														
30.00																							
C. Full Name (Last, First, Middle Initial) Dr Amy Jo Lamb Mailing Address 4876 Steavenson Loop City State Zip Code Blair NE 68008-6393 FEC ID number of contributing federal political committee. C Name of Employer DBA/ AJ Lamb Consulting Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 439.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 22290091 Amount of Each Receipt this Period <table border="1"> <tr> <td>30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7	30.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	9	/	2	0	0	7														
30.00																							

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(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 (AOTPA)

A. Full Name (Last, First, Middle Initial) Sarah L King Mailing Address 2381 Shaker Lane Apt G City Lebanon State IN Zip Code 46052-3167 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22290093 Amount of Each Receipt this Period 30.00
Name of Employer GLHS Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.00		
B. Full Name (Last, First, Middle Initial) Chris Pleitner Mailing Address 8517 Forest Ave City Munster State IN Zip Code 46321-2120 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22290094 Amount of Each Receipt this Period 31.00
Name of Employer DBA NW Indiana Rehab Svcs Inc Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 341.00		
C. Full Name (Last, First, Middle Initial) Peter John Kennelty Mailing Address 61 Gardner Ave City Middletown State NY Zip Code 10940-3211 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 22302440 Amount of Each Receipt this Period 30.38
Name of Employer Fishkill Health Related Center Occupation OTA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.58		
SUBTOTAL of Receipts This Page (optional)		91.38
TOTAL This Period (last page this line number only)		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(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
(AOTPA)

A. Full Name (Last, First, Middle Initial) Gloria R Lucker Mailing Address 3568 Hardt Road City State Zip Code Eden NY 14057-9646 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 22302441 Amount of Each Receipt this Period 30.38
Name of Employer Occupation OTAS OT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 349.58			
B. Full Name (Last, First, Middle Initial) Erika Lyn Hoemke Mailing Address 1055 Vista View Dr City State Zip Code Brookfield WI 53005-4125 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7 Transaction ID: 22307741 Amount of Each Receipt this Period 165.00
Name of Employer Occupation Club Staffing Inc OT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 365.00			
C. Full Name (Last, First, Middle Initial) Elizabeth B Devereaux Mailing Address 350 Wood Lomond Way City State Zip Code Huntington WV 25705-3254 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22521107 Amount of Each Receipt this Period 250.00
Name of Employer Occupation retired OT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

445.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 20

(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
(AOTPAAC)

A. Full Name (Last, First, Middle Initial)
Carol Rose Scheerer

Mailing Address Apt 4
2121 St James Ave

City State Zip Code
Cincinnati OH 45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Xavier University

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22582542

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

2042.18

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

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

FOR LINE NUMBER: PAGE 17 / 20

(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
(AOTPAAC)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1090.28

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 22584300

Amount of Each Receipt this Period

305.93

interest earned on account

SUBTOTAL of Receipts This Page (optional)

305.93

TOTAL This Period (last page this line number only)

305.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22288127

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

478.44

bank fees

SUBTOTAL of Disbursements This Page (optional)

478.44

TOTAL This Period (last page this line number only)

478.44

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

☐ 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
(AOTPA)

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 22300215

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address P O Box 52-2784

City
Miami

State
FL

Zip Code
33152

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Ileana Ros-Lehtinen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: 22300219

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick J. Kennedy Inc.

Mailing Address P.O. Box 321

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Patrick J. Kennedy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 22300216

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

☐ 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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee (NRSC)

Mailing Address 425 Second Street, N.E., Third Flo

City Washington State DC Zip Code 20002

Purpose of Disbursement
contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 22300214

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

contribution

B. Friends For Harry Reid

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement
campaign contribution

Candidate Name
Sen. Harry Reid

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NV District: 1

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22300218

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Tim F. Murphy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22300217

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

6000.00