

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 4720 Montgomery Lane  
PO Box 31220  
 Check if different than previously reported. (ACC)  
Bethesda MD 20824-1220

2. **FEC IDENTIFICATION NUMBER** C00089086  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
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 06 01 2010 through 06 30 2010

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 07 15 2010

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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		132896.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	144241.61									
(c) Total Receipts (from Line 19) .....	19666.26	120921.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	163907.87	253818.45								
7. Total Disbursements (from Line 31) .....	37954.75	127865.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125953.12	125953.12								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3436.36	29172.92
(ii) Unitemized .....	16192.64	91586.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19629.00	120759.49
(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) .....	19629.00	120759.49
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.) .....	37.26	162.04
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)) .....	19666.26	120921.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19666.26	120921.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	454.75	1865.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	454.75	1865.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	125500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	500.00
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))..	37954.75	127865.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37954.75	127865.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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) .....	19629.00	120759.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19629.00	120759.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	454.75	1865.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	454.75	1865.33

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

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Lenora Joyce Gemmell

Mailing Address 2854 Kilburn Ave

City State Zip Code  
Napa CA 94558-5649

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 ▼ 365.00

Date of Receipt  

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

**Transaction ID:** 35093600

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Agatha Mae Jackson

Mailing Address 101 Fordham Cir

City State Zip Code  
Pueblo CO 81005-1647

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 ▼ 456.25

Date of Receipt  

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

**Transaction ID:** 35093630

Amount of Each Receipt this Period  
273.75

**C.** Full Name (Last, First, Middle Initial)  
Ursula Jean Neal Sanford

Mailing Address 514 31st St Sw

City State Zip Code  
Barberton OH 44203-7800

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

Name of Employer Visiting Nurse Services      Occupation Occupational Therapist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

**Transaction ID:** 35144943

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **838.75**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joyce Mary Deiliis	Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address 2312 Cramden Rd	<b>Transaction ID:</b> 35158910
	City State Zip Code Upper Saint Clair PA 15241-2438	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Not Employed	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jo Karen S Werner	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 712 Timberleaf Ct	<b>Transaction ID:</b> 35159321
	City State Zip Code Derby KS 67037-3567	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Newman University	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Catherine Dalporto	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 1350 Ala Moana Blvd Apt 510	<b>Transaction ID:</b> 35159332
	City State Zip Code Honolulu HI 96814-4207	Amount of Each Receipt this Period 143.33
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Dept of Public Safety	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>873.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Denise Marie Miller	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 12 Faircliff Ct	<b>Transaction ID:</b> 35184469
	City State Zip Code Glendale CA 91206-1723	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GAMC Therapy and Wellness Center	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christine Lynn Kroll	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 1528 Chase Blvd	<b>Transaction ID:</b> 35184471
	City State Zip Code Greenwood IN 46142-1559	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Healthcare Therapy Service	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.14	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Bruch Nochajski	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 41 Matejko St	<b>Transaction ID:</b> 35184518
	City State Zip Code Buffalo NY 14206-3117	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Buffalo, SU-NY	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>630.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21  
(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)  
Patricia Ann Crist

Mailing Address 10195 Grubbs Rd

City State Zip Code  
Wexford PA 15090-9649

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

Name of Employer Occupation  
Duquesne University Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.52

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

**Transaction ID:** 35184519

Amount of Each Receipt this Period  
30.42

**B.**

Full Name (Last, First, Middle Initial)  
Jan Rowe

Mailing Address 2443 Indian Lake Dr

City State Zip Code  
Birmingham AL 35244-2228

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

Name of Employer Occupation  
Univ of Alabama @ Birmingham Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 232.52

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

**Transaction ID:** 35184522

Amount of Each Receipt this Period  
30.42

**C.**

Full Name (Last, First, Middle Initial)  
Susan J Harris

Mailing Address 2124 Sunset Blvd

City State Zip Code  
San Diego CA 92103-1527

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

Name of Employer Occupation  
Therapy Specialists Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2010

**Transaction ID:** 35184531

Amount of Each Receipt this Period  
50.00

**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 10 / 21		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Yvonne Michelle Randall		Date of Receipt MM / DD / YYYY 06 / 03 / 2010		
	Mailing Address 6576 Appletree Cir		<b>Transaction ID:</b> 35184537		
	City Las Vegas	State NV	Zip Code 89103-4325	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Touro University Nevada	Occupation Occupational Therapist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Shari Lee Gerold		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 6564 Stonelake Way		<b>Transaction ID:</b> 35496969		
	City Hamilton	State OH	Zip Code 45011-8159	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Fort Hamilton	Occupation Occupational Therapist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca E Argabrite Grove		Date of Receipt MM / DD / YYYY 06 / 26 / 2010		
	Mailing Address 41718 Browns Farm Lane		<b>Transaction ID:</b> 35654453		
	City Leesburg	State VA	Zip Code 20176-6026	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Loudoun County Public Schools	Occupation Occupational Therapist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.52			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan K Goszewski	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 225 Oregon Rd	<b>Transaction ID:</b> 35654454
	City State Zip Code Cheshire CT 06410-1827	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Yale New Haven Hosp Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Frank Barney	Date of Receipt MM / DD / YYYY 06 / 20 / 2010
	Mailing Address The Edison Condominiums 400 S 14th Street, Ste 1211	<b>Transaction ID:</b> 35654534
	City State Zip Code Saint Louis MO 63103-2721	Amount of Each Receipt this Period 30.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Louis University Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gloria R Lucker	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address Ste 234 2495 Main St	<b>Transaction ID:</b> 35654548
	City State Zip Code Buffalo NY 14214-2152	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DBA Optimal Therapy Associates Service Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Penelope A Moyers Cleveland		Date of Receipt
	Mailing Address 516 2nd Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2010
	City	State	Zip Code
	Pleasant Grove	AL	35127-1757
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 35654552
Name of Employer Univ of Alabama at Birmingham		Occupation Occupational Therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 385.52	<input type="text"/> 60.92

<b>B.</b>	Full Name (Last, First, Middle Initial) Brent Howard Braveman		Date of Receipt
	Mailing Address Unit 3c 1447 W Victoria St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60660-4220
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 35654554
Name of Employer University of Illinois		Occupation Occupational Therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 522.48	<input type="text"/> 30.38

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Catherine Dalporto		Date of Receipt
	Mailing Address 1350 Ala Moana Blvd Apt 510		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 28 / 2010
	City	State	Zip Code
	Honolulu	HI	96814-4207
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 35667211
Name of Employer Dept of Public Safety		Occupation Occupational Therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 365.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 191.30
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 21	
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Kevin Barrientos		Date of Receipt		
	Mailing Address 6606 So. 110th St.		M M / D D / Y Y Y Y 06 / 30 / 2010		
	City Omaha	State NE	Zip Code 68137	<b>Transaction ID:</b> 35667397	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Endura Care	Occupation Occupational Therapist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	3436.36

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2010	Transaction ID: 34980211 Date of Disbursement 06 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> campaign contribution
B.	Full Name (Last, First, Middle Initial) Capuano For Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Michael E. Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34983250 Date of Disbursement 06 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution
C.	Full Name (Last, First, Middle Initial) Michaud For Congress <hr/> Mailing Address 213 Lisbon St <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35037714 Date of Disbursement 06 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution

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

**4500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Burr Committee; The	<b>Transaction ID:</b> 35037939 Date of Disbursement 06 / 03 / 2010	
	Mailing Address Post Office Box 5928		
	City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement campaign contribution Candidate Name Sen. Richard M. Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	011 Category/Type campaign contribution	
<b>B.</b>	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress	<b>Transaction ID:</b> 35038053 Date of Disbursement 06 / 03 / 2010	
	Mailing Address Box 137		
	City Spokane State WA Zip Code 99210	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement campaign contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 05	011 Category/Type campaign contribution	
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer	<b>Transaction ID:</b> 35100174 Date of Disbursement 06 / 07 / 2010	
	Mailing Address PO Box 411176		
	City Los Angeles State CA Zip Code 90041	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement campaign contribution Candidate Name Sen. Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	011 Category/Type campaign contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) People For Patty Murray Mailing Address PO Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement campaign contribution Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35448584 Date of Disbursement 06 / 23 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type campaign contribution
	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign Mailing Address PO Box 12612 City San Antonio State TX Zip Code 78212 Purpose of Disbursement campaign contribution Candidate Name Rep. Charles A. Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Woolsey For Congress Mailing Address P.O. Box 750176 City Petaluma State CA Zip Code 94975 Purpose of Disbursement campaign contribution Candidate Name Rep. Lynn C. Woolsey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35448600 Date of Disbursement 06 / 23 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type campaign contribution

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Allyson Y. Schwartz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 35448601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 campaign contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Bennet For Colorado <hr/> Mailing Address PO Box 3078 <hr/> City Denver State CO Zip Code 80201 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Michael F. Bennet Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 35448602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 campaign contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez <hr/> Mailing Address 1212 S. Victory Blvd. Suite 211 <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Loretta Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 35448604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 campaign contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>4500.00</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress <hr/> Mailing Address 607 14th Street, Nw Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 35448605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 campaign contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Feingold Senate Committee <hr/> Mailing Address PO Box 620062 <hr/> City Middleton State WI Zip Code 53562 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Russell D. Feingold Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 35448606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 campaign contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee (NRSC) <hr/> Mailing Address 425 Second Street, N.E., Third Flo <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement campaign contribution 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) ▼	<b>Transaction ID:</b> 35449647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00 campaign contribution

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

10000.00

**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 19 / 21

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee (DCCC)	Transaction ID: 35452401 Date of Disbursement MM / DD / YYYY 06 / 23 / 2010
	Mailing Address 430 South Capitol St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement campaign contribution 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:
Amount of Each Disbursement this Period 5000.00 campaign contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee (NRCC)	Transaction ID: 35452403 Date of Disbursement MM / DD / YYYY 06 / 23 / 2010
	Mailing Address 320 1st St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement campaign contribution 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:
Amount of Each Disbursement this Period 5000.00 campaign contribution	

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

10000.00

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

37500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
Bank Fees on Account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 35179217

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

454.75

Bank Fees on Account

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

454.75

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

454.75

**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 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 (AOT PAC)

Full Name (Last, First, Middle Initial)

Joann C Kennedy

Mailing Address 5229 Richardson Dr

City State Zip Code  
Fairfax VA 22032-3930

Purpose of Disbursement  
Void - Joann C Kennedy, OTR/L, LLC - lost another check

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 35449623

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Amount of Each Disbursement this Period

-200.00
---------

010  
Category/  
Type

Void - Joann C Kennedy,  
OTR/L, LLC - lost another  
check

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

-200.00
---------

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

-200.00
---------