

# 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 (AOT PAC)

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 / 04 / 2014 in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 10 / 22 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="94201.47"/>	<input type="text" value="94201.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62539.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5990.57"/>	<input type="text" value="150117.23"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68530.35"/>	<input type="text" value="244318.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8778.51"/>	<input type="text" value="184566.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59751.84"/>	<input type="text" value="59751.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	3101.73	45169.85
(ii) Unitemized .....	2888.84	104873.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5990.57	150043.20
(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) .....	5990.57	150043.20
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.).....	0.00	74.03
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))..... ▶	5990.57	150117.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5990.57	150117.23

**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 .....	278.51	2746.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	278.51	2746.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	180170.00
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	150.00
(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	150.00
29. Other Disbursements .....	1000.00	1500.00
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)) ..	8778.51	184566.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8778.51	184566.86

**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) .....	5990.57	150043.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5990.57	149893.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	278.51	2746.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	278.51	2746.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (AOT PAC)**

**A. Julie Lynn Milasich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5928 N 28th St  
 City Tacoma State WA Zip Code 98407-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Medical Center Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : 62046969**  
 Amount of Each Receipt this Period **25.00**

**B. Janis Elizabeth Battan**  
 Full Name (Last, First, Middle Initial)  
 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 **304.16**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : 62046974**  
 Amount of Each Receipt this Period **30.42**

**C. Dianne Franklin Simons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 Huntwick Ct  
 City Richmond State VA Zip Code 23233-7741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Commonwealth University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **304.16**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : 62046976**  
 Amount of Each Receipt this Period **30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>85.84</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 7 OF 34
	<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 (AOT PAC)**

**A. Margo A Kreger**  
Full Name (Last, First, Middle Initial)

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : 62046979**

Amount of Each Receipt this Period  
**30.42**

**B. Claudette Stork Reid**  
Full Name (Last, First, Middle Initial)

Mailing Address 5419 Woodmont Dr

City Portage State MI Zip Code 49002-0542

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

Name of Employer Business Network Unit Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : 62046981**

Amount of Each Receipt this Period  
**30.42**

**C. Nathan Bernard Herz**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Baldwin Road

City Fishersville State VA Zip Code 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 ▼ **243.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : 62046983**

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<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 (AOT PAC)**

**A. Barbara Thoreson Brockevelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 E Clark St  
 Lee Medical, Room 302  
 City Vermillion State SD Zip Code 57069-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The University of South Dakota Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : 62046985**  
 Amount of Each Receipt this Period  
 350.00

**B. Trina Lea Schulz**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : 62046987**  
 Amount of Each Receipt this Period  
 30.42

**C. Amy Hahn Solomon**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 429.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : 62046988**  
 Amount of Each Receipt this Period  
 40.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.84
<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 9 OF 34
	<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)**

**A. Mary Patricia Shotwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3463 Crown Dr  
 City State Zip Code  
 Gainesville GA 30506-1407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brenau University Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 669.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : 62046989**  
 Amount of Each Receipt this Period  
 30.42

**B. DR Diane Lynn Smith**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 V.A. Medical Center Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : 62046990**  
 Amount of Each Receipt this Period  
 30.42

**C. Brent Howard Braveman**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 M.D. Anderson Cancer Center Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : 62046991**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<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 10 OF 34
	<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 (AOT PAC)**

Full Name (Last, First, Middle Initial) <b>A. Cathy M Mistovich</b>		Date of Receipt 10 / 04 / 2014 <b>Transaction ID : 62046992</b>
Mailing Address 2631 Monaldi Pkwy		Amount of Each Receipt this Period 25.00
City Dyer	State IN	Zip Code 46311-2134
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer South Suburban College	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. LaDessa Forrest</b>		Date of Receipt 10 / 02 / 2014 <b>Transaction ID : 62046993</b>
Mailing Address 10207 W. Yosemite		Amount of Each Receipt this Period 30.42
City Wichita	State KS	Zip Code 67215-1580
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Aegis Therapy	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.38	

Full Name (Last, First, Middle Initial) <b>C. MRS Laura Elizabeth Robinson</b>		Date of Receipt 10 / 02 / 2014 <b>Transaction ID : 62046994</b>
Mailing Address 2490 Dongara Dr Apt 510		Amount of Each Receipt this Period 30.46
City Dexter	State MI	Zip Code 48130-1579
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer College of St. Scholastica	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.88
<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 OF 34
	<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 (AOT PAC)**

Full Name (Last, First, Middle Initial) <b>A. Wendy Welch Jones</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014 <b>Transaction ID : 62047007</b>
Mailing Address 28222 Timber Vlg		Amount of Each Receipt this Period 30.42
City Magnolia	State TX	Zip Code 77355-4224
FEC ID number of contributing federal political committee. C		
Name of Employer Coastal EMS	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.24	

Full Name (Last, First, Middle Initial) <b>B. Jan Rowe</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2014 <b>Transaction ID : 62047010</b>
Mailing Address 1530 3rd Ave S		Amount of Each Receipt this Period 30.38
City Birmingham	State AL	Zip Code 35294-0002
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Alabama @ Birmingham	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.16	

Full Name (Last, First, Middle Initial) <b>C. Miss Anna Renee Fretz</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : 62047011</b>
Mailing Address 7562 Morisset Ave		Amount of Each Receipt this Period 30.48
City Las Vegas	State NV	Zip Code 89179-1603
FEC ID number of contributing federal political committee. C		
Name of Employer Sunrise Hospital & Medical Center	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.28
<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 OF 34
	<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 (AOT PAC)**

**A. Allison Mae Stone**  
Full Name (Last, First, Middle Initial)

Mailing Address 6682 Oxendale Ave

City Las Vegas State NV Zip Code 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 ▼ **304.16**

Date of Receipt  
10 / 03 / 2014  
**Transaction ID : 62047012**

Amount of Each Receipt this Period  
**30.42**

**B. Yvonne Michielle Randall**  
Full Name (Last, First, Middle Initial)

Mailing Address 6576 Appletree Cir

City Las Vegas State NV Zip Code 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 ▼ **850.00**

Date of Receipt  
10 / 03 / 2014  
**Transaction ID : 62047013**

Amount of Each Receipt this Period  
**85.00**

**C. DR Patricia Ann Crist**  
Full Name (Last, First, Middle Initial)

Mailing Address 6804 W Williams Dr

City Glendale State AZ Zip Code 85310-5226

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

Name of Employer Northern Arizona Univ. Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
10 / 01 / 2014  
**Transaction ID : 62047016**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **215.42**

**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 13 OF 34
	<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 (AOT PAC)**

**A. Robin Ann Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1069 W 14th PI Unit 232

City Chicago	State IL	Zip Code 60608-2077
-----------------	-------------	------------------------

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

Name of Employer UIC	Occupation Occupational Therapy Assistant
-------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.16**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	05	/	2014

**Transaction ID : 62047017**

Amount of Each Receipt this Period  

30.38
-------

**B. Julie Renee Kalahar**  
Full Name (Last, First, Middle Initial)  
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 ▼ **304.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

**Transaction ID : 62229304**

Amount of Each Receipt this Period  

30.42
-------

**C. David Dennis Clark**  
Full Name (Last, First, Middle Initial)  
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 ▼ **304.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	08	/	2014

**Transaction ID : 62229305**

Amount of Each Receipt this Period  

30.42
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>91.22</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 14 OF 34
	<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 (AOT PAC)**

**A. DR Ruth S Ramsey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Acacia Ave  
City San Rafael State CA Zip Code 94901-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dominican Univ of CA Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **273.70**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 62229306**  
Amount of Each Receipt this Period **30.42**

**B. Denise Marie Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Faircliff Ct  
City Glendale State CA Zip Code 91206-1723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GAMC Therapy and Wellness Center Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **304.12**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 62229312**  
Amount of Each Receipt this Period **30.42**

**C. Christine Lynn Kroll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1528 Chase Blvd  
City Greenwood State IN Zip Code 46142-1559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthcare Therapy Service Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **304.20**

Date of Receipt **10 / 09 / 2014**  
**Transaction ID : 62229313**  
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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<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 (AOT PAC)**

**A. DR Kelly Landry Alig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Gravier St Office 801  
 City New Orleans State LA Zip Code 70112-2262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Louisiana State University HSC New Orl Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 07 / 2014  
**Transaction ID : 62229314**  
 Amount of Each Receipt this Period 30.42

**B. Neil Harvison**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt 10 / 09 / 2014  
**Transaction ID : 62229315**  
 Amount of Each Receipt this Period 30.42

**C. Dahlia C Castillo**  
 Full Name (Last, First, Middle Initial)  
 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 The Univ. of Texas at El Paso Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 09 / 2014  
**Transaction ID : 62229316**  
 Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.84  
**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 16 OF 34
	<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 (AOT PAC)**

Full Name (Last, First, Middle Initial) <b>A. Diana Rae Davis</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 <b>Transaction ID : 62229317</b>
Mailing Address 1013 Twin Oaks Dr			Amount of Each Receipt this Period 30.42
City Morgantown	State WV	Zip Code 26508-9430	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 212.94
Name of Employer West Virginia Univ	Occupation Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B. Tanya Jeanne Bay</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 <b>Transaction ID : 62229318</b>
Mailing Address 3330 Riva Ridge Dr			Amount of Each Receipt this Period 30.42
City Fort Collins	State CO	Zip Code 80526-2800	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 212.94
Name of Employer Univ. of Colorado Health	Occupation Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrea M Bilics</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 <b>Transaction ID : 62229320</b>
Mailing Address 20 Lexington Ln			Amount of Each Receipt this Period 30.42
City Millis	State MA	Zip Code 02054-1441	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 212.94
Name of Employer Worcester State College	Occupation Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<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 17 OF 34
	<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 (AOT PAC)**

**A. Ben Atchison**  
Full Name (Last, First, Middle Initial)

Mailing Address 4111 Grand Prairie Rd

City Kalamazoo State MI Zip Code 49006-1443

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

Name of Employer Western Michigan University Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229321**

Amount of Each Receipt this Period  
**150.00**

**B. Debra Ann Rybski**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 Florence Ave

City Webster Grvs State MO Zip Code 63119-4159

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

Name of Employer St Louis Univ Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229322**

Amount of Each Receipt this Period  
**30.43**

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

Mailing Address 468 Florence Ave

City Webster Grvs State MO Zip Code 63119-4159

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

Name of Employer St Louis Univ Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229323**

Amount of Each Receipt this Period  
**91.25**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **271.68**

**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 18 OF 34
	<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 (AOT PAC)**

**A. Joanne Christine Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16061 Willow Creek Rd  
 City Lewes State DE Zip Code 19958-3621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Delaware Technical & Community College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.94**

Date of Receipt **10 / 09 / 2014**  
**Transaction ID : 62229324**  
 Amount of Each Receipt this Period **30.42**

**B. Rachelle Dorne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6274 Sw 192nd Ave  
 City Fort Lauderdale State FL Zip Code 33332-3305  
 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 **262.52**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : 62229325**  
 Amount of Each Receipt this Period **30.42**

**C. Sheri Montgomery**  
 Full Name (Last, First, Middle Initial)  
 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 **598.31**

Date of Receipt **10 / 09 / 2014**  
**Transaction ID : 62229326**  
 Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **144.17**  
**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 19 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 (AOT PAC)**

**A. Patrick James Bloom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Elm Tree Lane  
 City State Zip Code  
 Vernon Hills IL 60061-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sundance Rehab Corp Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229327**  
 Amount of Each Receipt this Period  
 30.42

**B. Marlene Joy Morgan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Main St  
 City State Zip Code  
 Avoca PA 18641-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Univ of Scranton Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229328**  
 Amount of Each Receipt this Period  
 30.38

**C. David Allen Haynes**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Jefferson College of Health Sciences Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229329**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.22
<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 20 OF 34
	<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 (AOT PAC)**

**A. Laurette Joan Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 Garth Rd Apt A5a  
 City Scarsdale State NY Zip Code 10583-3937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 10 / 09 / 2014  
**Transaction ID : 62229331**  
 Amount of Each Receipt this Period 30.42

**B. Michelle Rae Parolise**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6822 Loyola Dr  
 City Huntington Beach State CA Zip Code 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 ▼ 304.12

Date of Receipt 10 / 09 / 2014  
**Transaction ID : 62229332**  
 Amount of Each Receipt this Period 30.42

**C. Gail Fisher**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt 10 / 08 / 2014  
**Transaction ID : 62229333**  
 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<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 (AOT PAC)**

**A. Lorie Gage Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 S Wakara Way

City Salt Lake City State UT Zip Code 84108-1213

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

Name of Employer University of Utah Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt  
10 / 09 / 2014  
**Transaction ID : 62229334**

Amount of Each Receipt this Period  
**30.42**

**B. Lisa Kay Iffland**  
Full Name (Last, First, Middle Initial)

Mailing Address 2417 W Gladys Ave

City Chicago State IL Zip Code 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 ▼ **273.74**

Date of Receipt  
10 / 08 / 2014  
**Transaction ID : 62229335**

Amount of Each Receipt this Period  
**30.42**

**C. Monica Lee Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 453 W 10th Ave

City Columbus State OH Zip Code 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 ▼ **831.22**

Date of Receipt  
10 / 09 / 2014  
**Transaction ID : 62229336**

Amount of Each Receipt this Period  
**100.00**

**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: (check only one)	PAGE 22 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 (AOT PAC)**

Full Name (Last, First, Middle Initial)  
**A. Cynthia A Robinson**

Mailing Address 1200 N Stonewall Ave

City Oklahoma City State OK Zip Code 73117-1215

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

Name of Employer Univ of Oklahoma Health Sciences Centre Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 08 / 2014**

Transaction ID : **62229337**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **212.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

Transaction ID : **62229339**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**C. 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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

Transaction ID : **62229340**

Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>91.26</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 23 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (AOT PAC)**

**A. Lori Vaughn**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 334.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229341**  
 Amount of Each Receipt this Period  
 30.42

**B. Rebecca Ann Piazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5110 Nw 30th Ln  
 City Gainesville State FL Zip Code 32606-7023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shands Rehab Hospital Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229342**  
 Amount of Each Receipt this Period  
 50.00

**C. Jennifer Lynn Allison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2451 Clock Face Ct  
 City Lawrenceville State GA Zip Code 30043-1333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brenau Univ. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 62229343**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.84
<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 24 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 (AOT PAC)**

Full Name (Last, First, Middle Initial) <b>A. Stephanie Singleton</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		10		2014
M M	/	D D	/	Y Y Y Y								
10		10		2014								
Mailing Address 78 Coryphodon Ln		<b>Transaction ID : 62229345</b>										
City Jemez Springs	State NM	Zip Code 87025-9518										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.42										
Name of Employer Presbyterian Home Health Svcs	Occupation Occupational Therapist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.16											

Full Name (Last, First, Middle Initial) <b>B. Miss Gretchen Renee Ward</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		09		2014
M M	/	D D	/	Y Y Y Y								
10		09		2014								
Mailing Address 62 W 107th St Apt 6d		<b>Transaction ID : 62229346</b>										
City New York	State NY	Zip Code 10025-3206										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.42										
Name of Employer Self Employed Occupational Therapist	Occupation Occupational Therapist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94											

Full Name (Last, First, Middle Initial) <b>C. MRS Kim Ann Mahoney</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		09		2014
M M	/	D D	/	Y Y Y Y								
10		09		2014								
Mailing Address 1210 Puritan Ave		<b>Transaction ID : 62229347</b>										
City Bronx	State NY	Zip Code 10461-6153										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.42										
Name of Employer Top Health	Occupation Occupational Therapy Assistant											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.94											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<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 25 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 (AOT PAC)**

Full Name (Last, First, Middle Initial)  
**A. MS Sara Marie Androyna**

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 ▼ **304.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : 62229348**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**B. MISS Kelsi A Shough**

Mailing Address 2145 Northglen Dr

City Clovis	State NM	Zip Code 88101-9357
----------------	-------------	------------------------

FEC 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 ▼ **267.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : 62229349**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**C. Anna Haertling**

Mailing Address 7200 Alameda Rd Apt 504

City Houston	State TX	Zip Code 77054-2148
-----------------	-------------	------------------------

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

Name of Employer TIRR Memorial/Hermann	Occupation Occupational Therapist
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : 62229350**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>185.84</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 26 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 (AOT PAC)**

**A. Laurel Cargill Radley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Carl Slagle Rd  
 City Franklin State NC Zip Code 28734-7814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Community College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **304.16**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 62229359**  
 Amount of Each Receipt this Period **91.26**

**B. Kenneth G Dechman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Soller Heights Rd  
 City Ghent State NY Zip Code 12075-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **304.16**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : 62229361**  
 Amount of Each Receipt this Period **30.42**

**C. Carolyn Baum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4444 Forest Park Ave  
 City Saint Louis State MO Zip Code 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 **304.16**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 62229362**  
 Amount of Each Receipt this Period **30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>152.10</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 27 OF 34
	<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 (AOT PAC)**

**A. Janice Diane Hinds**  
Full Name (Last, First, Middle Initial)

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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **344.16**

Date of Receipt **10 / 09 / 2014**

**Transaction ID : 62229363**

Amount of Each Receipt this Period **30.42**

**B. Nancy K Marder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2384 Lindenmere Dr

City Merrick State NY Zip Code 11566-4312

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

Name of Employer South Shore Hand Therapy Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **404.16**

Date of Receipt **10 / 06 / 2014**

**Transaction ID : 62229364**

Amount of Each Receipt this Period **30.38**

**C. Brent Howard Braveman**  
Full Name (Last, First, Middle Initial)

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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **504.12**

Date of Receipt **10 / 09 / 2014**

**Transaction ID : 62229365**

Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **260.80**

**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 28 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 (AOT PAC)**

**A. Timothy Justin Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4444 Forest Park Ave  
 City Saint Louis State MO Zip Code 63108-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Univ. in St. Louis Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.74

Date of Receipt 10 / 07 / 2014  
**Transaction ID : 62229367**  
 Amount of Each Receipt this Period 30.42

**B. Anne Elizabeth Dickerson**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt 10 / 09 / 2014  
**Transaction ID : 62229370**  
 Amount of Each Receipt this Period 30.42

**C. Timothy Justin Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4444 Forest Park Ave  
 City Saint Louis State MO Zip Code 63108-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Univ. in St. Louis Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 62408869**  
 Amount of Each Receipt this Period 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<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 29 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (AOT PAC)**

**A. Jennifer C Johnson**  
Full Name (Last, First, Middle Initial)  
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 ▼ 304.16

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 62408870**  
Amount of Each Receipt this Period 30.42

**B. Carla Sue Wilhite**  
Full Name (Last, First, Middle Initial)  
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 ▼ 365.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 62408879**  
Amount of Each Receipt this Period 100.00

**C. Carla Sue Wilhite**  
Full Name (Last, First, Middle Initial)  
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 ▼ 390.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 62408942**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 155.42  
**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 30 OF 34
	<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 (AOT PAC)**

**A. Pamela Ellen Toto**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 739.20

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 62408947**  
 Amount of Each Receipt this Period 30.42

**B. Dennis Sullivan Cleary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 453 W 10th Ave  
 City Columbus State OH Zip Code 43210-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio State Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2014  
**Transaction ID : 62423553**  
 Amount of Each Receipt this Period 30.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.42
<b>TOTAL</b> This Period (last page this line number only).....▶	3101.73

**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 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 (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement  
Bank fees on Checking Account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 62410428**

Amount of Each Disbursement this Period

Bank fees on Checking Account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Mccollum For Congress**

Mailing Address P.O. Box 14131

City State Zip Code  
St. Paul MN 55114

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Betty McCollum**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : 61899068**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : 61899069**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. 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. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

**Transaction ID : 62075170**

Amount of Each Disbursement this Period

2000.00
---------

campaign contribution

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

4000.00
---------

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

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**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)**

Full Name (Last, First, Middle Initial)

**A. Moulton For Congress Committee**

Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Seth Moulton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

**Transaction ID : 62086305**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Mary Landrieu, Inc.**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Sen. Mary L. Landrieu**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2014

**Transaction ID : 62229687**

Amount of Each Disbursement this Period

2500.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

7500.00
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**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bikram Mohanty for Georgia Senate**

Mailing Address PO Box 2189

City Valdosta State GA Zip Code 31604

Purpose of Disbursement  
Bikram Mohanty, STATE SENATE GA campaign contribution

011

Category/  
Type

Candidate Name

**Bikram Mohanty**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 61899120**

Amount of Each Disbursement this Period

1000.00

Bikram Mohanty, STATE SENATE GA campaign contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

1000.00