

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2007 through 10 31 2007

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer Electronically Filed by Christina A. Metzler Date 11 08 2007

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

**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		77451.16
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	54905.68									
(c) Total Receipts (from Line 19)	28234.85	167601.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83140.53	245052.56								
7. Total Disbursements (from Line 31)	6049.53	167961.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77091.00	77091.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4440.26	17914.36
(i) Itemized (use Schedule A)	23534.76	148802.69
(ii) Unitemized	27975.02	166717.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27975.02	166717.05
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	100.00
17. Other Federal Receipts (Dividends, Interest, etc.)	259.83	784.35
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))	28234.85	167601.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28234.85	167601.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	379.53	2946.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	379.53	2946.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	164500.00
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	170.00	515.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	170.00	515.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6049.53	167961.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6049.53	167961.56

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27975.02	166717.05
34. Total Contribution Refunds (from Line 28(d))	170.00	515.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27805.02	166202.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	379.53	2946.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	379.53	2946.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial) Rebecca E Argabrite Grove		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 41718 Browns Farm Lane		Transaction ID: 21790842
City State Zip Code Leesburg VA 20176-6026	Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Loudoun County Public Schools Occupation OT	Aggregate Year-to-Date ▼ 273.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Maria Angelica Barraza		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 5716 N Jersey Ave		Transaction ID: 21795019
City State Zip Code Chicago IL 60659-3616	Amount of Each Receipt this Period 30.42	
FEC ID number of contributing federal political committee. C		
Name of Employer Pathways Center Occupation OT	Aggregate Year-to-Date ▼ 243.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Florence Arcuri Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 635 W 35th St #2180		Transaction ID: 21795702
City State Zip Code Los Angeles CA 90089-0001	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Southern California Occupation OT	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1561.42
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Janice Burke		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1930 Cathedral Rd		Transaction ID: 21795703	
City State Zip Code Huntingdon Vv PA 19006-5006	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas Jefferson Univ	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00		

Full Name (Last, First, Middle Initial) B. Elizabeth Ann Kelso		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 32 Whitworth Blvd		Transaction ID: 21821961	
City State Zip Code Nashville TN 37205-5003	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. James G Bevier		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 5921 Atlas Pl Sw		Transaction ID: 21905478	
City State Zip Code Seattle WA 98136-1340	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Mason Medical Center	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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)

A. Full Name (Last, First, Middle Initial) Pamela Ellen Toto		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 7008 Lyons View Ct		Transaction ID: 21916130	
City Murrysville	State PA	Zip Code 15668-1056	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00		

B. Full Name (Last, First, Middle Initial) Penelope A Moyers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 5440 10th Ct S		Transaction ID: 21916139	
City Birmingham	State AL	Zip Code 35222-4016	Amount of Each Receipt this Period 31.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Alabama at Birmin-gham	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.00		

C. Full Name (Last, First, Middle Initial) Trina Lea Schulz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 4915 Noble		Transaction ID: 21916836	
City Shawnee	State KS	Zip Code 66226-9797	Amount of Each Receipt this Period 31.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kansas University Hosp Au-thority	Occupation OT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00		

SUBTOTAL of Receipts This Page (optional) ▶	162.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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)

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

Mailing Address 6314 S Rosebury 3 West

City Clayton State MO Zip Code 63105-2255

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

Name of Employer Washington Univ School of Medicine Occupation OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 21916843

Amount of Each Receipt this Period
31.00

B. Full Name (Last, First, Middle Initial)
Pamela Eleanor Prentiss

Mailing Address 33 Prentiss Dr

City W Chesterfld State NH Zip Code 03466-3878

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

Name of Employer Supervisory Union #29 Occupation OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 21916844

Amount of Each Receipt this Period
31.00

C. Full Name (Last, First, Middle Initial)
Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City Zanesville State OH Zip Code 43701-5557

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

Name of Employer Zane State College Occupation OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 21916849

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional)	▶	93.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 19
	(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"/> 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)

A. Full Name (Last, First, Middle Initial) Monica Lee Robinson Mailing Address 368 W 6th Ave City Columbus State OH Zip Code 43201-3135 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 21916851 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	6		2	0	0	7														
50.00																							
Name of Employer HCR Manor Care Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) Brent Howard Braveman Mailing Address Unit 3c 1447 W Victoria St City Chicago State IL Zip Code 60660-4220 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 21918037 Amount of Each Receipt this Period <table border="1"> <tr> <td>31.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7	31.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	6		2	0	0	7														
31.00																							
Name of Employer University of Illinois Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>329.00</td> </tr> </table>		329.00																					
329.00																							

C. Full Name (Last, First, Middle Initial) Linda Coogle Stephens Mailing Address 2361 Fair Oaks Rd City Decatur State GA Zip Code 30033-1207 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 21918040 Amount of Each Receipt this Period <table border="1"> <tr> <td>31.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7	31.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	6		2	0	0	7														
31.00																							
Name of Employer Atlanta Children's Therapy Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>329.00</td> </tr> </table>		329.00																					
329.00																							

SUBTOTAL of Receipts This Page (optional)	112.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Shelli A. Silvey		Date of Receipt MM / DD / YYYY 10 / 16 / 2007
Mailing Address 213 N 4th St		Transaction ID: 21918041
City Festus	State MO	Zip Code 63028-1908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer Aegis Therapies	Occupation OTA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00	

Full Name (Last, First, Middle Initial) B. Sheri Montgomery		Date of Receipt MM / DD / YYYY 10 / 16 / 2007
Mailing Address 313 Herschler Ave		Transaction ID: 21918045
City Evanston	State WY	Zip Code 82930-5005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer USCD #4	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

Full Name (Last, First, Middle Initial) C. Chris Pleitner		Date of Receipt MM / DD / YYYY 10 / 16 / 2007
Mailing Address 8517 Forest Ave		Transaction ID: 21920203
City Munster	State IN	Zip Code 46321-2120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer DBA NW Indiana Rehab Svcs Inc	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	▶	93.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Sarah L King		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 2381 Shaker Lane Apt G		Transaction ID: 21920206
City State Zip Code Lebanon IN 46052-3167	Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GLHS	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

Full Name (Last, First, Middle Initial) B. Dr Amy Jo Lamb		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 4876 Steavenson Loop		Transaction ID: 21920207
City State Zip Code Blair NE 68008-6393	Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DBA/ AJ Lamb Consulting	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.00	

Full Name (Last, First, Middle Initial) C. David Allen Haynes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 3745 Kentland Dr		Transaction ID: 21920209
City State Zip Code Roanoke VA 24018-2415	Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jefferson College of Health Sciences	Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00	

SUBTOTAL of Receipts This Page (optional) ▶	93.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Sheri Montgomery		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 313 Herschler Ave		Transaction ID: 21922198	
City State Zip Code Evanston WY 82930-5005	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USCD #4 Occupation OT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00		

Full Name (Last, First, Middle Initial) B. Sheri Montgomery		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 313 Herschler Ave		Transaction ID: 21922199	
City State Zip Code Evanston WY 82930-5005	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USCD #4 Occupation OT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) C. Susan Beth Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 8216 Roe Ave		Transaction ID: 21922200	
City State Zip Code Prairie Vlg KS 66208-5010	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Belmont Univ Occupation OT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<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)

A. Full Name (Last, First, Middle Initial)
Melissa Brooke Steinwald

Mailing Address 4133 Hayvenhurst Dr

City State Zip Code
Encino CA 91436-3727

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

Name of Employer ProvidenceHoly Cross Med Occupation OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 21942383

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Peter John Kennelly

Mailing Address 61 Gardner Ave

City State Zip Code
Middletown NY 10940-3211

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

Name of Employer Fishkill Health Related Center Occupation OTA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21952088

Amount of Each Receipt this Period
30.42

C. Full Name (Last, First, Middle Initial)
Gloria R Lucker

Mailing Address 3568 Hardt Road

City State Zip Code
Eden NY 14057-9646

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

Name of Employer OTAS Occupation OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 21952090

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)	425.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 19
	(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)
Cynthia F Epstein

Mailing Address 29 Forest Dr

City State Zip Code
Flemington NJ 08822-3361

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

Name of Employer Occupation
OT Consultants Inc OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: 21976437

Amount of Each Receipt this Period
250.00

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

Mailing Address Po Box 1953

City State Zip Code
Kingston WA 98346-1953

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

Name of Employer Occupation
Northwoods Lodge OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 22078188

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	4440.26

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 19	
	(check only one)			
<input 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 checked="" 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)
SunTrust Bank

Mailing Address PO Box 622227

City	State	Zip Code
Orlando	FL	32862-2227

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
784.35

Date of Receipt

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

Transaction ID: 22133860

Amount of Each Receipt this Period
259.83

interest earned on account

SUBTOTAL of Receipts This Page (optional)	▶	259.83
TOTAL This Period (last page this line number only)	▶	259.83

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

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 19

<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)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement credit of bank fees - error

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 22133779

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

-1.91

credit of bank fees - error

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement bank fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 21942614

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

381.44

bank fees

SUBTOTAL of Disbursements This Page (optional)

379.53

TOTAL This Period (last page this line number only)

379.53

**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. Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement campaign contribution

011
Category/
Type

Candidate Name Rep. Michael A. Ross

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: AR District: 4

Transaction ID: 21952292

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement campaign contribution

011
Category/
Type

Candidate Name Rep. Mike McIntyre

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: NC District: 7

Transaction ID: 21952290

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Giffords For Congress

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement campaign contribution

011
Category/
Type

Candidate Name Gabrielle Giffords

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: AZ District: 8

Transaction ID: 21952287

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<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. Citizens For Altmire

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Jason Altmire

Office Sought: House
 Senate
 President

State: PA District: 4

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 21952284

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

5500.00