RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 23 1 36 PM '97

AOTPAC

American
Occupational Therapy
Political Action Committee

June 19, 1997

Jennifer Wall
Analyst
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

RE: C00089086

Dear Ms Wall:

This letter serves as a correction to our FEC Form 3X, Detailed Summary Page covering 4/1/97 through 4/30/97. On the detailed summary Column B, line #17 should read 539.73. The remainder of the report is correct.

If you have any questions, or need additional information relating to this matter, please contact Darlene Dennis.

Sincerely,

Chris Bluhm
Treasurer

/dcd

4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20824-1220 301/652-AOTA (2682) 301/652-7711 Fax

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The American Occupational Therapy Association, Inc.
Political Action Committee (AOTPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
4720 Montgomery Lane
PO Box 31220

CITY, STATE and ZIP CODE
Bethesda, Maryland 20824-1220

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 23 1 36 PM '98

2. FEC IDENTIFICATION NUMBER
C00089086

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☒ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election on
_____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5/1/97 through 5/30/97		
6. (a) Cash on Hand January 1, 19 97		$ 153,685.25
(b) Cash on Hand at Beginning of Reporting Period	$ 44,656.39	
(c) Total Receipts (from Line 19)	$ 4,400.87	$ 31,069.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 49,057.26	$ 184,754.43
7. Total Disbursements (from Line 30)	$ 4,524.35	$ 140,221.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 44,532.91	$ 44,532.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Chris Bluhm, Treasurer

Signature of Treasurer
CB

Date
6/20/97

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 5/1/97 TO: 5/30/97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	-0-	-0-	11(a)(i)
ii. Unitemized	4,318.50	30,447.08	11(a)(ii)
iii. Total (add i and ii) ➤	4,318.50	30,447.08	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,318.50	30,447.08	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	82.37	622.10	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,400.87	31,069.18	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,400.87	31,069.18	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-	21(a)(i)
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	24.35	110,219.57	21(b)
b. Other Federal Operating Expenditures	24.35	110,219.57	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	22
22. Transfers to Affiliated/Other Party Committees	4,500.00	23,006.72	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	24
24. Independent Expenditures (use Schedule E)	-0-	-0-	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	26
26. Loan Repayments Made	-0-	-0-	27
27. Loans Made	-0-	-0-	
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	12.50	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	12.50	28(d)
29. Other Disbursements	-0-	6,982.73	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,524.35	140,221.52	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,524.35	140,221.52	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,318.50	31,069.18	32
33. Total Contribution Refunds (from line 28d)	-0-	12.50	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,318.50	31,056.68	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	24.35	110,219.57	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	24.35	110,219.57	37

FESAN105

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE I OF I

FOR LINE NUMBER 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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank PO Box 26264 Richmond, VA 23260-6264	Interest Earned	5/30/97	$ 82.37
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 622.10		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$ 82.37

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21.b.

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank PO Box 26264 Richmond, VA 23260-6264	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD: $216.63	5/9/97	$ 24.35
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$ 24.35

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gene Green (D-TX-29) Gene Green Congressional Campaign PO Box 75214 Washington, DC 20013-5214	campaign contribution US House of Reps. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/2/97	500.00
B. Marge Roukema (R-NJ-5) The Committee to Re-Elect Congresswoman Marge Roukema, PO Box 625 Ridgewood, NJ 07451	campaign contribution US House of Reps. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/2/97	500.00
C. Elizabeth Furse (D-OR-1) Furse for Congress 1125 SE Madison, Suite 103-B Portland, OR 97214	campaign contribution US House of Reps. Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD:$1,000.00	5/14/97	500.00
D. Lynn Woolsey (D-CA-6) Woolsey for Congress Committee PO Box 750176 Petaluma, CA 94975	campaign contribution US House of Reps. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/14/97	500.00
E. Phil English (R-PA-1) People for English Committee PO Box 1940 Erie, PA 16507	campaign contribution US House of Reps. Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD:$1,000.00	5/14/97	1,000.00
F. Richard Gephardt (D-MO-3) Gephardt in Congress Committee 7435 Watson Rd. #107 St. Louis, MO 63119	campaign contribution US House of Reps. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/14/97	500.00
G. Bill Frist (R-TN) Bill Frist for Senate 4205 Hillsboro Rd, Suite 306 Nashville, TN 37215	campaign contribution US Senate Disbursement for [ ] Primary [X] General [X] Other (specify) 1994 Debt/General	5/14/97	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $4,500.00

4-00:73

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6/20/97
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.J. — PREPARER

6/23/97 — DATE PREPARED

FEC FORM 70-2 (12/92)