

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

Office Use Only

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

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00089086

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

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

08

20

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		77451.16
(b) Cash on Hand at Beginning of Reporting Period	45073.39	
(c) Total Receipts (from Line 19)	15891.55	92384.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60964.94	169835.16
7. Total Disbursements (from Line 31)	612.03	109482.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60352.91	60352.91
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	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	1104.84	9107.84
(i) Itemized (use Schedule A)		
(ii) Unitemized	14684.46	83154.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15789.30	92262.01
(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)	15789.30	92262.01
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	100.00	100.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.25	21.99
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))	15891.55	92384.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15891.55	92384.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	412.03	1737.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	412.03	1737.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	107500.00
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	200.00	245.00
(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))	200.00	245.00
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))..	612.03	109482.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	612.03	109482.25

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)	15789.30	92262.01
34. Total Contribution Refunds (from Line 28(d))	200.00	245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15589.30	92017.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	412.03	1737.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	412.03	1737.25

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

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

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Catherine Benecke Varunok

Mailing Address 9 Carrington Ct

City State Zip Code
Poughkeepsie NY 12603-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vasaar Brothers Hosp

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 20749331

Amount of Each Receipt this Period

150.00

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

Monica Lee Robinson

Mailing Address 368 W 6th Ave

City State Zip Code
Columbus OH 43201-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 20749333

Amount of Each Receipt this Period

100.00

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

Jennifer Jo Amundson

Mailing Address 600 28th Ave Sw

City State Zip Code
Willmar MN 56201-5078

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESD 105

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: 20893201

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

281.00

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Pamela Ellen Toto		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7	
Mailing Address 7008 Lyons View Ct		Transaction ID: 20893205	
City Murrysville	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 15668-1056			
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 ▼ 335.00	

B. Full Name (Last, First, Middle Initial) Carolyn Baum		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7	
Mailing Address 6314 S Rosebury 3 West		Transaction ID: 20893232	
City Clayton	State MO	Amount of Each Receipt this Period 31.00	
Zip Code 63105-2255			
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Univ School of Medicine		Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	

C. Full Name (Last, First, Middle Initial) Pamela Eleanor Prentiss		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7	
Mailing Address 33 Prentiss Dr		Transaction ID: 20893234	
City W Chesterfld	State NH	Amount of Each Receipt this Period 31.00	
Zip Code 03466-3878			
FEC ID number of contributing federal political committee. C			
Name of Employer Supervisory Union #29		Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Linda Coogle Stephens

Mailing Address 2361 Fair Oaks Rd

City State Zip Code
Decatur GA 30033-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Children's Therapy

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: 20893238

Amount of Each Receipt this Period

31.00

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

Mailing Address 368 W 6th Ave

City State Zip Code
Columbus OH 43201-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: 20893239

Amount of Each Receipt this Period

50.00

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

Mailing Address Unit 3c
1447 W Victoria St

City State Zip Code
Chicago IL 60660-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: 20893245

Amount of Each Receipt this Period

31.00

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Chris Pleitner Mailing Address 8517 Forest Ave City Munster State IN Zip Code 46321-2120 FEC ID number of contributing federal political committee. C 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 ▼ 217.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 Transaction ID: 20893248 Amount of Each Receipt this Period 31.00
B. Full Name (Last, First, Middle Initial) Dr Amy Jo Lamb Mailing Address 4876 Steavenson Loop City Blair State NE Zip Code 68008-6393 FEC ID number of contributing federal political committee. C Name of Employer DBA/ AJ Lamb Consulting Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 317.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 Transaction ID: 20893250 Amount of Each Receipt this Period 31.00
C. Full Name (Last, First, Middle Initial) Sarah L King Mailing Address 2381 Shaker Lane Apt G City Lebanon State IN Zip Code 46052-3167 FEC ID number of contributing federal political committee. C 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 ▼ 212.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 Transaction ID: 20893251 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 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Peter John Kennelty

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
CenterOccupation
OTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 20893273

Amount of Each Receipt this Period

30.42

B. 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
OTASOccupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.94

Date of Receipt

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

Transaction ID: 20893274

Amount of Each Receipt this Period

30.42

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

Jo Karen S Werner

Mailing Address 712 Timberleaf Ct

City State Zip Code
 Derby KS 67037-3567

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
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
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20909720

Amount of Each Receipt this Period

365.00

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 11 / 14

(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)
Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City State Zip Code
Leesburg VA 20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun County Public Sch-
oolsOccupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

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

Transaction ID: 21008970

Amount of Each Receipt this Period

31.00

B. Full Name (Last, First, Middle Initial)
Robert James Trahan

Mailing Address Po Box 1236

City State Zip Code
Hammond LA 70404-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Robert Trahan, LLCOccupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: 21236623

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$200.00 This changes the YTD Total to \$0.-
00

SUBTOTAL of Receipts This Page (optional)

31.00

TOTAL This Period (last page this line number only)

1104.84

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

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

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Carol Shea-Porter For Congress

Mailing Address P.O. Box 453

City State Zip Code
Rochester NH 03866

FEC ID number of contributing
federal political committee.

C C00419978

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: 20901311

Amount of Each Receipt this Period

100.00

refunded contribution

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 20735160

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

412.03

bank fees

SUBTOTAL of Disbursements This Page (optional)

412.03

TOTAL This Period (last page this line number only)

412.03

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 14 / 14

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert James Trahan

Mailing Address Po Box 1236

City
Hammond

State
LA

Zip Code
70404-1236

Purpose of Disbursement
bank incorrectly deposited company check

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20901506

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2007

Amount of Each Disbursement this Period

200.00

bank incorrectly deposited
company check - Refund

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00