

**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

09

01

2009

through

09

30

2009

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

10

19

2009

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 22

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
0 9D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		92142.23
(b) Cash on Hand at Beginning of Reporting Period	75342.17	
(c) Total Receipts (from Line 19)	19209.48	139605.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94551.65	231747.95
7. Total Disbursements (from Line 31)	482.92	137679.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94068.73	94068.73
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 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 22

Write or Type Committee Name

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

Report Covering the Period:

From:

M M D D Y Y W Y
0 9 0 1 2 0 0 9

To:

M M D D Y Y W Y
0 9 3 0 2 0 0 9

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)	2295.27	25885.28
(ii) Unitemized	16886.61	113493.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19181.88	139378.79
(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)	19181.88	139378.79
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.)	27.60	226.93
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))	19209.48	139605.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19209.48	139605.72

DETAILED SUMMARY PAGE

of Disbursements

4 / 22

FEC Form 3X (Rev. 02/2003)

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.....	432.92	2648.22	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	432.92	2648.22	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	134100.00	
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	50.00	250.00	
(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))	50.00	250.00	
29. Other Disbursements.....	0.00	681.00	
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))..	482.92	137679.22	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	482.92	137679.22	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

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)	19181.88	139378.79
34. Total Contribution Refunds (from Line 28(d))	50.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19131.88	139128.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	432.92	2648.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	432.92	2648.22

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

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

FOR LINE NUMBER: PAGE 6 / 22

(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)

Donna D Hopkins

Mailing Address 306 W Harvey St

City

McAllen

State

TX

Zip Code

78501-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer
LiHallmark Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 31500142

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Patricia Ann Gromak

Mailing Address 502 S 67th St

City

Omaha

State

NE

Zip Code

68106-1102

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 ▼

270.00

Date of Receipt

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

Transaction ID: 31500147

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Donna C Flowers

Mailing Address 5406 Northmoor Dr

City

Dallas

State

TX

Zip Code

75229-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys Home Health Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 9

Transaction ID: 31500166

Amount of Each Receipt this Period

30.33

SUBTOTAL of Receipts This Page (optional)

260.33

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: PAGE 7 / 22

(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)

Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

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

Transaction ID: 31516720

Amount of Each Receipt this Period

30.42

B.

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

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.66

Date of Receipt

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

Transaction ID: 31516727

Amount of Each Receipt this Period

30.33

C.

Full Name (Last, First, Middle Initial)

Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun County Public Sch-
ools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 31517030

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 22

(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)

Marie Moreland Hook

Mailing Address 2720 Alvarado Ter S

City

Salem

State

OR

Zip Code

97302-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Rehab Assoc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 31517106

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Christine Lynn Kroll

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 ▼

312.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31593067

Amount of Each Receipt this Period

30.45

C.

Full Name (Last, First, Middle Initial)

David Dennis Clark

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
Self Employed Occupational
Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593069

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

91.27

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: PAGE 9 / 22

(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)

Christina Sue Griffin

Mailing Address 8016 W Sierra Vista Dr

City

Glendale

State

AZ

Zip Code

85303-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.T. Still Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593070

Amount of Each Receipt this Period

30.40

B.

Full Name (Last, First, Middle Initial)

Wendy Coster

Mailing Address 4 Harley Ln

City

Foxboro

State

MA

Zip Code

02035-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston University (sargent
College)

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593071

Amount of Each Receipt this Period

30.40

C.

Full Name (Last, First, Middle Initial)

Anne Elizabeth Dickerson

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 ▼

272.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593072

Amount of Each Receipt this Period

30.44

SUBTOTAL of Receipts This Page (optional)

91.24

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: PAGE 10 / 22

(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)

Gail Fisher

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 ▼

217.32

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593074

Amount of Each Receipt this Period

30.44

B.

Full Name (Last, First, Middle Initial)

Barbara Thoreson Brockevelt

Mailing Address 414 E Clark St

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 ▼

272.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593075

Amount of Each Receipt this Period

30.33

C.

Full Name (Last, First, Middle Initial)

Lisa Kay Iffland

Mailing Address 1310 N Leavitt St #1

City

Chicago

State

IL

Zip Code

60622-3026

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 ▼

272.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31593079

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

91.17

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(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)

Janet Elizabeth Stafford

Mailing Address 67 Hackett Hill Rd

City

Manchester

State

NH

Zip Code

03102-8991

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Kidz Play Pediatric
Therapy and We

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593080

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Stephanie Singleton

Mailing Address 2917 Santa Monica Se

City

Albuquerque

State

NM

Zip Code

87106-2962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Home Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593082

Amount of Each Receipt this Period

30.40

C.

Full Name (Last, First, Middle Initial)

Nancy Ellen Clark

Mailing Address 3080 Hecla St

City

Butte

State

MT

Zip Code

59701-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. James Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593088

Amount of Each Receipt this Period

30.45

SUBTOTAL of Receipts This Page (optional)

91.27

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: PAGE 12 / 22

(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)

Patricia Ann Crist

Mailing Address 10195 Grubbs Rd

City

Wexford

State

PA

Zip Code

15090-9649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duquesne University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593089

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Janet M Neely

Mailing Address 1407 Southgate Rd

City

Knoxville

State

TN

Zip Code

37919-8322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane State Community Col-
lege

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.26

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31593090

Amount of Each Receipt this Period

30.42

C.

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

Name of Employer
University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.26

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593091

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

75.84

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: PAGE 13 / 22

(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)

Yvonne Michielle Randall

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593092

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Jody Marie Niemann

Mailing Address 111 6th Ave Ne

City

Watertown

State

SD

Zip Code

57201-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jenkins Living Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31593095

Amount of Each Receipt this Period

30.75

C.

Full Name (Last, First, Middle Initial)

Lisa A Jackson

Mailing Address 320 Susie Dr

City

Winchester

State

TN

Zip Code

37398-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys Home Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31593096

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

95.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 22

(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)

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

Name of Employer
Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.26

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593097

Amount of Each Receipt this Period

30.42

B.

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

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.26

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593098

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Penelope A Moyers Cleveland

Mailing Address 516 2nd Ave

City

Pleasant Grove

State

AL

Zip Code

35127-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama at Birmin-
gton

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.76

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31593101

Amount of Each Receipt this Period

60.92

SUBTOTAL of Receipts This Page (optional)

121.76

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: PAGE 15 / 22

(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
(AOTPA)**A.**

Full Name (Last, First, Middle Initial)

Sheri Montgomery

Mailing Address 313 Herschler Ave

City

Evanston

State

WY

Zip Code

82930-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uinta County School Dist
#4

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	9

Transaction ID: 31593102

Amount of Each Receipt this Period

30.45

B.

Full Name (Last, First, Middle Initial)

Ann Burkhardt

Mailing Address 132 Hope St

City

Bristol

State

RI

Zip Code

02809-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinnipiac Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	9

Transaction ID: 31593103

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Catherine Faith Candler

Mailing Address 10761 Eden Roc Dr

City

Dallas

State

TX

Zip Code

75238-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Woman's Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: 31593104

Amount of Each Receipt this Period

30.60

SUBTOTAL of Receipts This Page (optional)

91.47

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: PAGE 16 / 22

(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)

Doug C Simmons

Mailing Address 74 Freeman Hall Rd

City

Nottingham

State

NH

Zip Code

03290-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of NH

Occupation
OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593107

Amount of Each Receipt this Period

30.75

B.

Full Name (Last, First, Middle Initial)

Rosemarie Margaret Helton

Mailing Address 9087 Lava Bluff Ct

City

Las Vegas

State

NV

Zip Code

89123-3177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressus Therapy

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31593108

Amount of Each Receipt this Period

30.75

C.

Full Name (Last, First, Middle Initial)

Judith Weinstein

Mailing Address 42 Village Rd

City

Sudbury

State

MA

Zip Code

01776-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Acupuncture Family Pr-
actice

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: 31593109

Amount of Each Receipt this Period

30.67

SUBTOTAL of Receipts This Page (optional)

92.17

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: PAGE 17 / 22

(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)

Wendy Churchill Hildenbrand

Mailing Address 1214 Ne Quail Walk Dr

City

Blue Springs

State

MO

Zip Code

64014-6538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas University Medical
Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 31773303

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jill J Glinka

Mailing Address 5316 Sw Lincolnshire Cir

City

Topeka

State

KS

Zip Code

66610-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer
USD 501

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 31773304

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun County Public Sch-
ools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 31773350

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

646.00

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: PAGE 18 / 22

(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)

Jo Karen S Werner

Mailing Address 712 Timberleaf Ct

City

Derby

State

KS

Zip Code

67037-3567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newman University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31776065

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Susan K Goszewski

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 31776085

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Mary-Ellen Johnson

Mailing Address 5151 Park Ave

City

Fairfield

State

CT

Zip Code

06825-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Univ

Occupation

Student

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 9 / 3 0 / 2 0 0 9

Transaction ID: 31776086

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

425.80

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: PAGE 19 / 22

(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)

Esther Bernice Bell

Mailing Address 203 McClure St

City

Gonzales

State

TX

Zip Code

78629-4213

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 ▼

212.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 31776105

Amount of Each Receipt this Period

30.45

B.

Full Name (Last, First, Middle Initial)

Laura S Chess

Mailing Address 711 Bleeker Ave

City

Mamaroneck

State

NY

Zip Code

10543-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Laura S. Chess, OT,
LLC

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31940784

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$50.00 This changes
the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)

30.45

TOTAL This Period (last page this line number only)

2295.27

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

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

FOR LINE NUMBER: PAGE 20 / 22

(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)

SunTrust Bank

Mailing Address PO Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

226.93

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31940549

Amount of Each Receipt this Period

27.60

bank interest received on
account

SUBTOTAL of Receipts This Page (optional)

27.60

TOTAL This Period (last page this line number only)

27.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<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
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Laura S Chess

Mailing Address 711 Bleeker Ave

City
Mamaroneck

State
NY

Zip Code
10543-4516

Purpose of Disbursement

Bank lock box deposited company check in error - refund

Candidate Name

010

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 31526220

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2009

Amount of Each Disbursement this Period

50.00

Bank lock box deposited
company check in error -
refund

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00

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 22 / 22

<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)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees on account

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31714127

Date of Disbursement

09 / 14 / 2009

Amount of Each Disbursement this Period

432.92

bank fees on account

SUBTOTAL of Disbursements This Page (optional)

432.92

TOTAL This Period (last page this line number only)

432.92