

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: 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 (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2011 through 08 / 31 / 2011

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer Christina A. Metzler [Electronically Filed] Date 10 / 06 / 2011

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="73996.72"/>	<input type="text" value="73996.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="80251.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12074.61"/>	<input type="text" value="132056.47"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="92325.74"/>	<input type="text" value="206053.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48865.02"/>	<input type="text" value="162592.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43460.72"/>	<input type="text" value="43460.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2034.75	26641.74
(ii) Unitemized	10032.52	105276.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12067.27	131918.71
(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)	12067.27	131918.71
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.).....	7.34	137.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12074.61	132056.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12074.61	132056.47

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	365.02	2162.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	365.02	2162.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	159200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	910.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	910.00
29. Other Disbursements	0.00	320.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48865.02	162592.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48865.02	162592.47

DETAILED SUMMARY PAGE
of Disbursements

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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)	12067.27	131918.71
34. Total Contribution Refunds (from Line 28(d))	0.00	910.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12067.27	131008.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	365.02	2162.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	365.02	2162.47

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Reporting obtained employer information for Theresa Oster - Schedule A line 11a.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sharon Leslye Carter
Full Name (Last, First, Middle Initial)

Mailing Address 4013 W 138th Ter

City Leawood State KS Zip Code 66224-3009

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

Name of Employer Metropolitan Community College Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt **08 / 04 / 2011**

Transaction ID : 41616346

Amount of Each Receipt this Period **30.42**

B. Catherine Patricia Brady
Full Name (Last, First, Middle Initial)

Mailing Address 24409 S Meadowood Rd

City Crete State IL Zip Code 60417-9715

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

Name of Employer Governors State University Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **268.36**

Date of Receipt **08 / 04 / 2011**

Transaction ID : 41616349

Amount of Each Receipt this Period **30.42**

C. Theresa Mccarty Oster
Full Name (Last, First, Middle Initial)

Mailing Address 624 Green St

City Rockton State IL Zip Code 61072-2110

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

Name of Employer Barbara Olson Center of Hope Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt **08 / 04 / 2011**

Transaction ID : 41616350

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9410 S Bell Ave

City Chicago State IL Zip Code 60643-6743

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

Name of Employer Chicago State University Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.68**

Date of Receipt **08 / 06 / 2011**

Transaction ID : 41616351

Amount of Each Receipt this Period **30.46**

Full Name (Last, First, Middle Initial)
B. Lisa M Marshall

Mailing Address 26 Wesley Dr

City Hockessin State DE Zip Code 19707-9624

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

Name of Employer DBA Specialty Rehab Inc. Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **08 / 03 / 2011**

Transaction ID : 41616354

Amount of Each Receipt this Period **75.00**

Full Name (Last, First, Middle Initial)
C. Donna Toth Skelton

Mailing Address 6395 N Huntsmen Dr

City Harrisburg State PA Zip Code 17111-4888

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

Name of Employer Penn State Hershey Rehab. Hosp. Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 04 / 2011**

Transaction ID : 41616372

Amount of Each Receipt this Period **62.50**

SUBTOTAL of Receipts This Page (optional)..... **167.96**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mary Patricia Shotwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3463 Crown Dr
 City Gainesville State GA Zip Code 30506-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brenau University Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.18

Date of Receipt 08 / 03 / 2011
Transaction ID : 41616392
 Amount of Each Receipt this Period 30.42

B. Yvonne Michielle Randall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touro University Nevada Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 08 / 03 / 2011
Transaction ID : 41616393
 Amount of Each Receipt this Period 60.00

c. Linda Coogle Stephens
 Full Name (Last, First, Middle Initial)
 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 ▼ 222.94

Date of Receipt 08 / 02 / 2011
Transaction ID : 41616394
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

A. Janice Diane Hinds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2467 S Lincoln St
 City Denver State CO Zip Code 80210-5016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Col Dept of Human Services, Col Mental Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **302.90**

Date of Receipt **08 / 07 / 2011**
Transaction ID : 41616395
 Amount of Each Receipt this Period **30.42**

B. Jan Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 3rd Ave S
 City Birmingham State AL Zip Code 35294-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Alabama @ Birmingham Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **283.36**

Date of Receipt **08 / 04 / 2011**
Transaction ID : 41616396
 Amount of Each Receipt this Period **30.42**

C. Faustina Yawa Adza
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Marino Blvd
 City Pomona State NY Zip Code 10970-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DBA Basic Blocks Therapeutrics Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt **08 / 02 / 2011**
Transaction ID : 41616397
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional).....	91.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Sarah E Vance
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 372

City Wilkinson State WV Zip Code 25653-0372

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

Name of Employer Logan Regional Medical Center Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **08 / 03 / 2011**

Transaction ID : 41651645

Amount of Each Receipt this Period **50.00**

B. Jo Karen S Werner
Full Name (Last, First, Middle Initial)

Mailing Address 2708 Pleasant Valley Rd

City Fort Collins State CO Zip Code 80521-4083

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 ▼ **730.00**

Date of Receipt **08 / 11 / 2011**

Transaction ID : 41657300

Amount of Each Receipt this Period **365.00**

C. Christine Lynn Kroll
Full Name (Last, First, Middle Initial)

Mailing Address 1528 Chase Blvd

City Greenwood State IN Zip Code 46142-1559

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

Name of Employer Healthcare Therapy Service Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.32**

Date of Receipt **08 / 10 / 2011**

Transaction ID : 41665141

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional).....▶	445.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Barbara A Seguine		Date of Receipt 08 / 10 / 2011 Transaction ID : 41665142
Mailing Address 1608 Waterford Dr		Amount of Each Receipt this Period 30.42
City Bowling Green	State OH	Zip Code 43402-1567
FEC ID number of contributing federal political committee. C		
Name of Employer Owens Community College	Occupation Occupational Therapy Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.32	

Full Name (Last, First, Middle Initial) B. Christina Sue Griffin		Date of Receipt 08 / 10 / 2011 Transaction ID : 41665143
Mailing Address 13605 N. 111th Ave.		Amount of Each Receipt this Period 30.42
City Sun City	State AZ	Zip Code 85351-2513
FEC ID number of contributing federal political committee. C		
Name of Employer A.T. Still Univ	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.58	

Full Name (Last, First, Middle Initial) C. Shelley Wallock		Date of Receipt 08 / 10 / 2011 Transaction ID : 41665144
Mailing Address 1519 Spruce St		Amount of Each Receipt this Period 30.42
City Philadelphia	State PA	Zip Code 19102-4577
FEC ID number of contributing federal political committee. C		
Name of Employer Thomas Jefferson Univ	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.58	

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 2917 Santa Monica Ave Se

City Albuquerque State NM Zip Code 87106-2962

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

Name of Employer Presbyterian Home Health Svcs Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **313.32**

Date of Receipt **08 / 10 / 2011**

Transaction ID : 41665151

Amount of Each Receipt this Period **30.42**

B. Mrs. Donna C Flowers
Full Name (Last, First, Middle Initial)

Mailing Address 3603 Lakeridge Drive

City Grapevine State TX Zip Code 76051-4628

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 ▼ **243.58**

Date of Receipt **08 / 10 / 2011**

Transaction ID : 41665152

Amount of Each Receipt this Period **30.42**

C. Rebecca E Argabrite Grove
Full Name (Last, First, Middle Initial)

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 Schools Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt **08 / 13 / 2011**

Transaction ID : 41665154

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Linda Coogle Stephens
 Full Name (Last, First, Middle Initial)
 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 **253.36**

Date of Receipt **08 / 08 / 2011**
Transaction ID : 41665155
 Amount of Each Receipt this Period **30.42**

B. Mary Margaret Arnold
 Full Name (Last, First, Middle Initial)
 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 **253.36**

Date of Receipt **08 / 10 / 2011**
Transaction ID : 41665156
 Amount of Each Receipt this Period **30.42**

C. Rita Patricia Fleming-Castaldy
 Full Name (Last, First, Middle Initial)
 Mailing Address 551 Sudbury St
 City Marlborough State MA Zip Code 01752-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Scranton Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **283.12**

Date of Receipt **08 / 09 / 2011**
Transaction ID : 41665157
 Amount of Each Receipt this Period **30.39**

SUBTOTAL of Receipts This Page (optional)..... **91.23**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<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. Gail Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 1003 S Elmwood Ave

City State Zip Code
Oak Park IL 60304-2109

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

Name of Employer Occupation
University of Illinois Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
293.04

Date of Receipt
08 / 08 / 2011
Transaction ID : 41665158

Amount of Each Receipt this Period
30.38

B. Gerri Ann Duran
Full Name (Last, First, Middle Initial)

Mailing Address 4920 Calle De Tierra Ne

City State Zip Code
Albuquerque NM 87111-2927

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

Name of Employer Occupation
Self Employed Occupational Therapist Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.36

Date of Receipt
08 / 11 / 2011
Transaction ID : 41665159

Amount of Each Receipt this Period
30.42

C. Miss Mary Hendricks
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 56
107 Willing Street

City State Zip Code
Llewellyn PA 17944-0056

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

Name of Employer Occupation
Magee Rehabilitation Hosp. Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.22

Date of Receipt
08 / 11 / 2011
Transaction ID : 41665162

Amount of Each Receipt this Period
30.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sarah E Vance
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 372

City Wilkinson State WV Zip Code 25653-0372

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

Name of Employer Logan Regional Medical Center Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 41845385

Amount of Each Receipt this Period
50.00

B. Tammy Marie Hart
Full Name (Last, First, Middle Initial)

Mailing Address 309 S Hillcrest Dr

City Sulphur Springs State TX Zip Code 75482-3648

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

Name of Employer Heritage Nursing Home and DBA Tamkev, Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : 41845404

Amount of Each Receipt this Period
100.00

C. Mary Anne Weiler
Full Name (Last, First, Middle Initial)

Mailing Address 463 W Kemper Rd

City Cincinnati State OH Zip Code 45246-3001

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

Name of Employer Quality Care Occupation Occupational Therapy Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2011

Transaction ID : 41845405

Amount of Each Receipt this Period
57.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **207.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cheryl Lanae Ecker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2633 Mayfield Ave
 City State Zip Code
 La Crescenta CA 91214-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Therapy In Action Occupational Therapist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2011
Transaction ID : 41859755
 Amount of Each Receipt this Period
 50.00

B. Franklin H Coulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 Sycamore St
 City State Zip Code
 Weldon NC 27890-1831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Roanoke Rapids Schools Occupational Therapist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2011
Transaction ID : 41859776
 Amount of Each Receipt this Period
 30.42

C. Mr. Scott David Nordquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 11874 Canterbury Dr.
 City State Zip Code
 Sterling Heights MI 48312-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. John's Hospital Occupational Therapy Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2011
Transaction ID : 41859779
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Jennifer Lee McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Ruth Ellen Ct S
 City Newark State DE Zip Code 19711-8511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PUMH, Inc. Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.10

Date of Receipt 08 / 21 / 2011
Transaction ID : 41859788
 Amount of Each Receipt this Period 30.42

B. Kelly Michelle Alig
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 Gravier St Office 801
 City New Orleans State LA Zip Code 70112-2262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana State University HSC New Orl Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.26

Date of Receipt 08 / 20 / 2011
Transaction ID : 41859792
 Amount of Each Receipt this Period 30.42

C. Emily S Pugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1744 Nw 7th Pl
 City Gainesville State FL Zip Code 32603-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Florida Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt 08 / 21 / 2011
Transaction ID : 41859802
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lisa J Schubert
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Shoal Creek Fls
 City Signal Mtn State TN Zip Code 37377-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Health Science Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.36**

Date of Receipt **08 / 20 / 2011**
Transaction ID : 41859803
 Amount of Each Receipt this Period **30.42**

B. Miss Gretchen Renee Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 W 107th St Apt 6d
 City New York State NY Zip Code 10025-3206
 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 **243.32**

Date of Receipt **08 / 20 / 2011**
Transaction ID : 41859808
 Amount of Each Receipt this Period **30.42**

C. Dr Amy Jo Lamb
 Full Name (Last, First, Middle Initial)
 Mailing Address 7024 N Meadows Way
 City Dexter State MI Zip Code 48130-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DBA/ AJ Lamb Consulting Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.36**

Date of Receipt **08 / 19 / 2011**
Transaction ID : 41859811
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional).....	91.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4444 Forest Park Ave

City Saint Louis State MO Zip Code 63108-2212

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

Name of Employer Washington Univ School of Medicine Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2011

Transaction ID : 41859813

Amount of Each Receipt this Period
 30.42

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

Mailing Address 2495 Main St Ste 234

City Buffalo State NY Zip Code 14214-2152

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

Name of Employer DBA Optimal Therapy Associates Service Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2011

Transaction ID : 41859814

Amount of Each Receipt this Period
 30.42

C. Linda Sue Riccio
Full Name (Last, First, Middle Initial)

Mailing Address 8256 La Habra Lane

City Indianapolis State IN Zip Code 46236-8574

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

Name of Employer People First Rehab. Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011

Transaction ID : 41859816

Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Faustina Yawa Adza
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Marino Blvd
 City Pomona State NY Zip Code 10970-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DBA Basic Blocks Therapeutrics Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.36**

Date of Receipt
 08 / 27 / 2011
Transaction ID : 41859818
 Amount of Each Receipt this Period
30.42

B. Donna D Hopkins
 Full Name (Last, First, Middle Initial)
 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 LI Hallmark Rehab Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 08 / 30 / 2011
Transaction ID : 42000753
 Amount of Each Receipt this Period
100.00

C. Miss Mary Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 56
 107 Willing Street
 City Llewellyn State PA Zip Code 17944-0056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magee Rehabilitation Hosp. Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **343.68**

Date of Receipt
 08 / 11 / 2011
Transaction ID : 42000756
 Amount of Each Receipt this Period
30.46

SUBTOTAL of Receipts This Page (optional).....▶	160.88
TOTAL This Period (last page this line number only).....▶	2034.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement
bank fees on account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41657303

Amount of Each Disbursement this Period

bank fees on account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. Paul David Tonko

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41464519

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Mikulski For Senate Committee

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Sen. Barbara A. Mikulski

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41464564

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. C.A. Dutch Ruppersberger

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41464640

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

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

3000.00

**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)

<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. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41464691

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Orrin G. Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41464873

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Pitts

Mailing Address PO Box 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465111

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

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)

<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. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. Michael C. Burgess M.D.

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2011

Transaction ID : 41465265

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City State Zip Code
Savannah GA 31412

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. John Barrow

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2011

Transaction ID : 41465266

Amount of Each Disbursement this Period

1500.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Mailing Address 30 South 15th Street Suite 400

City State Zip Code
Philadelphia PA 19102

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Sen. Robert Casey Jr.

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2011

Transaction ID : 41465267

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

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

5000.00

**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)

<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. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465268

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cliff Stearns

Mailing Address PO Box 308

City Silver Springs State FL Zip Code 34489

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Clifford B. Stearns

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465269

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465272

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**

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<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. Democratic Senatorial Campaign Committee (DSCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2011

Mailing Address 120 Maryland Avenue, NE

Transaction ID : 41465273

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
campaign contribution

011
Category/ Type

Candidate Name

campaign contribution

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee (DCCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2011

Mailing Address 430 South Capitol St., SE

Transaction ID : 41465276

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
campaign contribution

011
Category/ Type

Candidate Name

campaign contribution

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee (NRCC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2011

Mailing Address 320 1st St., SE

Transaction ID : 41465277

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
campaign contribution

011
Category/ Type

Candidate Name

campaign contribution

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

25000.00

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

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

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<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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. Chris Coons For Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Christopher A. Coons

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465278

Amount of Each Disbursement this Period

500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
campaign contribution

011

Candidate Name

Kelly Ayotte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465279

Amount of Each Disbursement this Period

500.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465280

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

2000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465281

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Snowe For Senate

Mailing Address PO Box 2012

City Portland State ME Zip Code 04104

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Olympia J. Snowe

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465288

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Kissell For Congress

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Larry Kissell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : 41465289

Amount of Each Disbursement this Period

500.00

campaign contribution

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

2500.00

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

**SCHEDULE B (FEC Form 3X)
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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. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41465290

Amount of Each Disbursement this Period

campaign contribution

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41465318

Amount of Each Disbursement this Period

campaign contribution

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Rep. James W. Gerlach

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41465447

Amount of Each Disbursement this Period

campaign contribution

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

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