

**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 (AOTPA)

ADDRESS (number and street)

4720 Montgomery Lane, Suite 200

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y 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 M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y

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)

Page 2

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 Y Y Y Y
09 01 2013 To: M M / D D / Y Y Y Y Y Y
09 30 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		65985.19
(b) Cash on Hand at Beginning of Reporting Period.....	107333.81	
(c) Total Receipts (from Line 19)	11761.01	174002.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	119094.82	239987.20
7. Total Disbursements (from Line 31)	30367.72	151260.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88727.10	88727.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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 Y Y Y
09 01 2013

To:

M M / D D / Y Y Y Y Y
09 30 2013

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).....

3883.33

42951.74

(ii) Unitemized

7867.03

129972.52

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11750.36

172924.26

(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)

11750.36

172924.26

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

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

10.65

77.75

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))..... ▶

11761.01

174002.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11761.01

174002.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	342.72	2675.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	342.72	2675.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	148000.00
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	25.00	85.00
(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)).....	25.00	85.00
29. Other Disbursements	0.00	500.00
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)) ..	30367.72	151260.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30367.72	151260.10

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)	11750.36	172924.26
34. Total Contribution Refunds (from Line 28(d))	25.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11725.36	172839.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	342.72	2675.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	342.72	2675.10

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)

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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. Terri Lynn Nelson

Mailing Address 2218 Market St

City

La Crosse

State

WI

Zip Code

54601-5158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gundersen Lutheran Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2013

Transaction ID : 53172523

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

344.20

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2013

Transaction ID : 53172557

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Sherri L Brandthill

Mailing Address 516 West Webster Ave

City

Roselle Park

State

NJ

Zip Code

07204-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer

OT Consultants Inc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2013

Transaction ID : 53172559

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.84

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

Use separate schedule(s)
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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. Denise Marie Miller

Mailing Address 12 Faircliff Ct

City State Zip Code
Glendale CA 91206-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
GAMC Therapy and Wellness Center

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2013

Transaction ID : 53172568

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Kelly Michelle Alig

Mailing Address 1900 Gravier St Office 801

City State Zip Code
New Orleans LA 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 ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2013

Transaction ID : 53172569

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Sharmila Mekala

Mailing Address 626 Lakeside Knolls Dr

City State Zip Code
Hillsboro IL 62049-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aegis Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 53172570

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)
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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. Carla Sue Wilhite

Mailing Address 1434 Adams St Ne

City

Albuquerque

State

NM

Zip Code

87110-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 15 / 2013

Transaction ID : 53172571

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. 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

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

313.78

Date of Receipt

09 / 08 / 2013

Transaction ID : 53172572

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Brent Howard Braveman

Mailing Address 1 Hermann Park Ct Apt 432

City

Houston

State

TX

Zip Code

77021-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

313.78

Date of Receipt

09 / 03 / 2013

Transaction ID : 53172573

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

85.84

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

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

Use separate schedule(s)
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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. Janet Elizabeth Wright

Mailing Address 7 Seaport Dr Apt 502

City
Quincy

State
MA

Zip Code
02171-1579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sensational Solutions

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 06 / 2013

Transaction ID : 53172576

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jennifer Lee McLaughlin

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 ▼

445.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 53172580

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Wendy Welch Jones

Mailing Address 28222 Timber Vlg

City
Magnolia

State
TX

Zip Code
77355-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer
not employed

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.95

Date of Receipt

09 / 04 / 2013

Transaction ID : 53172582

Amount of Each Receipt this Period

30.43

SUBTOTAL of Receipts This Page (optional)..... ►

105.85

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

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

Use separate schedule(s)
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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. Janis Elizabeth Battan

Mailing Address 3193 Allen Road

City State Zip Code
Elk WA 99009-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Eastern Washington Univ. 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
09 03 2013

Transaction ID : 53172583

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Gloria R Lucker

Mailing Address 2495 Main St Ste 234

City State Zip Code
Buffalo NY 14214-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
DBA Optimal Therapy Associates Service Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.10

Date of Receipt

M M / D D / Y Y Y Y Y
09 03 2013

Transaction ID : 53172584

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Gayle Green Smith

Mailing Address 27205 103rd PI Se

City State Zip Code
Kent WA 98030-7060

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Providence St. Peter Hospital 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 Y
09 13 2013

Transaction ID : 53172585

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.84

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

Use separate schedule(s)
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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. Lucinda S Murray

Mailing Address Po Box 33932

City

Shreveport

State

LA

Zip Code

71130-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisiana State Univ., Shreveport

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 03 / 2013

Transaction ID : 53172587

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Rachelle Dorne

Mailing Address 6274 Sw 192nd Ave

City

Fort Lauderdale

State

FL

Zip Code

33332-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 10 / 2013

Transaction ID : 53172588

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barbara Thoreson Brockvelt

Mailing Address 414 E Clark St, Room 302

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 ▼

296.68

Date of Receipt

09 / 02 / 2013

Transaction ID : 53172590

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.42

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
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FOR LINE NUMBER: PAGE 12 OF 41

(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)

Full Name (Last, First, Middle Initial)

A. Trina Lea Schulz

Mailing Address 4915 Noble St

City

Shawnee

State

KS

Zip Code

66226-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Kansas Hospital

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
09 / 08 / 2013

Transaction ID : 53172592

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Amy Hahn Solomon

Mailing Address 9568 La Quinta Dr

City

Lone Tree

State

CO

Zip Code

80124-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2013

Transaction ID : 53172593

Amount of Each Receipt this Period

40.42

Full Name (Last, First, Middle Initial)

C. DR Diane Lynn Smith

Mailing Address 1000 Willowcreek Ln

City

Columbia

State

MO

Zip Code

65203-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2013

Transaction ID : 53172594

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

101.26

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

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

FOR LINE NUMBER: PAGE 13 OF 41
(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 (AOT PAC)

<p>Full Name (Last, First, Middle Initial) A. Dianne Franklin Simons</p> <p>Mailing Address 3009 Huntwick Ct</p> <p>City Richmond State VA Zip Code 23233-7741</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Virginia Commonwealth University Occupation Occupational Therapist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 273.74</p>			<p>Date of Receipt 09 / 03 / 2013 Transaction ID : 53172595 </p> <p>Amount of Each Receipt this Period 30.42 </p>	
<p>Full Name (Last, First, Middle Initial) B. Betsy Joan Vanleit</p> <p>Mailing Address 1908 Griegos Rd Nw</p> <p>City Albuquerque State NM Zip Code 87107-2837</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Univ of New Mexico - Health Sciences C Occupation Occupational Therapist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 212.90</p>			<p>Date of Receipt 09 / 02 / 2013 Transaction ID : 53172596 </p> <p>Amount of Each Receipt this Period 30.42 </p>	
<p>Full Name (Last, First, Middle Initial) C. Timothy Justin Wolf</p> <p>Mailing Address 620 Mayflower Dr</p> <p>City Wentzville State MO Zip Code 63385-3563</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Washington Univ. in St. Louis Occupation Occupational Therapist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 243.32</p>			<p>Date of Receipt 09 / 15 / 2013 Transaction ID : 53172597 </p> <p>Amount of Each Receipt this Period 30.42 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>91.26</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Jennifer Dee Wolff

Mailing Address 400 Tumbleweed Trl

City
Waverly

State
IA

Zip Code
50677-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Taylor Physical Therapy Assoc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.64

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2013

Transaction ID : 53172599

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Mary Kay W Arvin

Mailing Address 1431 Halsey Ave

City

Evansville

State

IN

Zip Code

47720-3380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Southern Indiana

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.74

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2013

Transaction ID : 53172601

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Janet Sue Jedlicka

Mailing Address 134 Breezy Hills Cv

City

Grand Forks

State

ND

Zip Code

58201-7919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2013

Transaction ID : 53172602

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.80

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

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

FOR LINE NUMBER: PAGE 15 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Stephen B Kern

Mailing Address 1023 Kimball St

City State Zip Code
Philadelphia PA 19147-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Jefferson Univ

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2013

Transaction ID : 53172603

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Heather Rae Meredith

Mailing Address 1026 Linden Ave

City State Zip Code
Findlay OH 45840-6046

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Univ. of Findlay

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2013

Transaction ID : 53172604

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Franklin H Coulman

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
Roanoke Rapids Schools

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 Y
09 / 06 / 2013

Transaction ID : 53172606

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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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. 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 ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2013

Transaction ID : 53172607

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Sheila Dale Starbuck

Mailing Address 4754 Milton Street

City

Coatesville

State

IN

Zip Code

46121-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old National Trail Special Svcs

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2013

Transaction ID : 53172608

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Michelle Gerlynn Ralph

Mailing Address 1374 Green Hill Ave

City

West Chester

State

PA

Zip Code

19380-3973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Home Care Network

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.33

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 53172609

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)..... ►

97.34

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 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Liesa Jo Allen

Mailing Address Po Box 1388

City
Philadelphia

State Zip Code
MS 39350-1388

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Care Center

Occupation
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.42

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2013

Transaction ID : 53172617

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS Jorda Redhead

Mailing Address 7908 Limestone Ln

City
Sarasota

State Zip Code
FL 34233-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atls Therapy Co.

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
09 / 06 / 2013

Transaction ID : 53172619

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Sheel Mehta

Mailing Address Townsend St #1-602

City
San Francisco

State Zip Code
CA 94107-2017

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 ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : 53172625

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

214.25

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

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

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(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)

Full Name (Last, First, Middle Initial)

A. Pamela Ellen Toto

Mailing Address 7008 Lyons View Ct

City State Zip Code
Murrysville PA 15668-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Univ of Pittsburgh Occupational Therapist

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

Aggregate Year-to-Date ▼
273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 53172627

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jan Rowe

Mailing Address 1530 3rd Ave S

City State Zip Code
Birmingham AL 35294-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Univ of Alabama @ Birmingham Occupational Therapist

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

Aggregate Year-to-Date ▼
273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2013

Transaction ID : 53172628

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Rita Patricia Fleming-Castaldy

Mailing Address 551 Sudbury St

City State Zip Code
Marlborough MA 01752-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Scranton Occupational Therapist

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

Aggregate Year-to-Date ▼
273.61

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2013

Transaction ID : 53172629

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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

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

FOR LINE NUMBER: PAGE 19 OF 41
(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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Kit M Kuhlmeier

Mailing Address 812 Ashebrook Dr Apt B

City Greensboro State NC Zip Code 27409-2789

FEC ID number of contributing federal political committee.

C

Name of Employer

Legacy Health Care

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 01 / 2013

Transaction ID : 53172631

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Mary Patricia Shotwell

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 ▼

273.70

Date of Receipt

09 / 03 / 2013

Transaction ID : 53172632

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. L Diane Parham

Mailing Address 11 Calle Cobre

City Placitas State NM Zip Code 87043-9306

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ of New Mexico

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.78

Date of Receipt

09 / 07 / 2013

Transaction ID : 53172633

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 41
(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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Gail Fisher

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

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2013

Transaction ID : 53172634

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City	State	Zip Code
Las Vegas	NV	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 ▼

585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : 53172636

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

c. Laurel Cargill Radley

Mailing Address 3701 R St Nw

City	State	Zip Code
Washington	DC	20007-2123

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 ▼

323.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2013

Transaction ID : 53172638

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

125.84

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

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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. Lisa J Read

Mailing Address 275 Valley View Rd

City
Starkville

State
MS

Zip Code
39759-3192

FEC ID number of contributing
federal political committee.

C

Name of Employer

LTC 2

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.50

Date of Receipt

09 / 06 / 2013

Transaction ID : 53176302

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dennis Sullivan Cleary

Mailing Address 453 W 10th Ave

City
Columbus

State
OH

Zip Code
43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 13 / 2013

Transaction ID : 53403558

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Donna Ellen Inkster

Mailing Address 215 W Benson St

City
Decatur

State
GA

Zip Code
30030-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.94

Date of Receipt

09 / 20 / 2013

Transaction ID : 53408461

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

110.42

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. 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 ▼

273.78

Date of Receipt

09 / 17 / 2013

Transaction ID : 53408462

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Eric M Gerken

Mailing Address 2845 Kings Row

City

Reno

State

NV

Zip Code

89503-3223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reno Ergonomics

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 25 / 2013

Transaction ID : 53408463

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Evelyn J Alston

Mailing Address 5100 N Marine Dr Apt 20g

City

Chicago

State

IL

Zip Code

60640-6366

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.68

Date of Receipt

09 / 20 / 2013

Transaction ID : 53408464

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

305.80

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

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

FOR LINE NUMBER: PAGE 23 OF 41
(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)

Full Name (Last, First, Middle Initial)

A. Stefanie C Bodison

Mailing Address 29104 Firthridge Rd

City State Zip Code
 Rancho Palos Verdes CA 90275-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Univ. of Southern California Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 21 / 2013

Transaction ID : 53408472

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Esther Bernice Bell

Mailing Address 203 McClure St

City State Zip Code
 Gonzales TX 78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Retired Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 21 / 2013

Transaction ID : 53408474

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Miss Gretchen Renee Ward

Mailing Address 62 W 107th St Apt 6d

City State Zip Code
 New York NY 10025-3206

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 ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : 53408475

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: PAGE 24 OF 41
 (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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Kathleen D Weissberg

Mailing Address 115 Beaufort Lane

City	State	Zip Code
Milford	DE	19963-3780

FEC ID number of contributing federal political committee.

C

Name of Employer

Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 53408476

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Maureen Duncan

Mailing Address 535 E Military Ave

City	State	Zip Code
Fremont	NE	68025-5179

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 53408477

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Harriett Smith Bynum

Mailing Address 100 Cottonwood Dr

City	State	Zip Code
Oakdale	PA	15071-1108

FEC ID number of contributing federal political committee.

C

Name of Employer

Kent State University, East Liverpool

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2013

Transaction ID : 53408478

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.26

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 41
(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)

Full Name (Last, First, Middle Initial)

A. Nathan Bernard Herz

Mailing Address 1247 Augusta Rd

City State Zip Code
Trenton SC 29847-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Health Sciences Univ.

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.87

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 53408479

Amount of Each Receipt this Period

30.43

Full Name (Last, First, Middle Initial)

B. Sharon Thomson Reitz

Mailing Address 8000 York Rd

City State Zip Code
Towson MD 21252-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towson Univ

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 53408480

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Michelle Rae Parolise

Mailing Address 6822 Loyola Dr

City State Zip Code
Huntington Beach CA 92647-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Ana College

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 53408481

Amount of Each Receipt this Period

30.42

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 26 OF 41
(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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. MS Estrella Barrera

Mailing Address 4232 Gochman St

City State Zip Code
Austin TX 78723-4550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Community College

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 53408482

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Ruth S Ramsey

Mailing Address 50 Acacia Ave

City State Zip Code
San Rafael CA 94901-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dominican Univ of CA

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 53408483

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Carol Siebert

Mailing Address 304 Forbush Mountain Dr

City State Zip Code
Chapel Hill NC 27514-1907

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 ▼

304.12

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2013

Transaction ID : 53408484

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: PAGE 27 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Lisa Kay Iffland

Mailing Address 2417 W Gladys Ave

City State Zip Code
Chicago IL 60612-4806

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 ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2013

Transaction ID : 53408485

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jodie Marie Valls

Mailing Address 183 Lake Carnegie Ct

City State Zip Code
Laredo TX 78041-2062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laredo Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2013

Transaction ID : 53408486

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Melissa Marie Whelan

Mailing Address 83 Dikeman St Apt 1

City State Zip Code
Brooklyn NY 11231-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.74

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2013

Transaction ID : 53408487

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Ln

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 ▼

210.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 53408488

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Michele Annette Stoll

Mailing Address 4816 Belfield Cir

City

Richmond

State

VA

Zip Code

23237-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.52

Date of Receipt

09 / 24 / 2013

Transaction ID : 53408490

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Lisa Branscum Wicks

Mailing Address 5932 Bonneville Way

City

Indianapolis

State

IN

Zip Code

46237-4495

FEC ID number of contributing
federal political committee.

C

Name of Employer

Liberty Early Elementary School

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 24 / 2013

Transaction ID : 53408491

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

95.84

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

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

FOR LINE NUMBER: PAGE 29 OF 41
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Emily S Pugh

Mailing Address 1744 Nw 7th Pl

City State Zip Code
 Gainesville FL 32603-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Univ of Florida Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y
 09 25 2013

Transaction ID : 53408497

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Carol Rose Scheerer

Mailing Address 2121 Saint James Ave Apt 4

City State Zip Code
 Cincinnati OH 45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Xavier University Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.68

Date of Receipt

M M / D D / Y Y Y Y Y
 09 25 2013

Transaction ID : 53408498

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Kim Marie Gilbert

Mailing Address 74 Smith St

City State Zip Code
 Lincoln RI 02865-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Therapy Works, Inc. 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
 09 24 2013

Transaction ID : 53408499

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

430.42

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Monica Lee Robinson

Mailing Address Schl. Of Allied Med, 106 Atwell Ha
453 West 10th Ave

City State Zip Code
Columbus OH 43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.52

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2013

Transaction ID : 53408500

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Kory Jean Hall

Mailing Address 209 1st St Sw

City State Zip Code
Watertown SD 57201-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.10

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2013

Transaction ID : 53408503

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Stephanie Singleton

Mailing Address 2917 Santa Monica Ave Se

City State Zip Code
Albuquerque NM 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 ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2013

Transaction ID : 53408504

Amount of Each Receipt this Period

152.10

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.94

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. MRS Isha Jo Dusseau

Mailing Address 111 N Rengstorff Ave Apt 168

City State Zip Code
 Mountain View CA 94043-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.28

Date of Receipt

09 / 27 / 2013

Transaction ID : 53408505

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City State Zip Code
 Zanesville OH 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 ▼

243.24

Date of Receipt

09 / 20 / 2013

Transaction ID : 53408521

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Charlotte Ann Brunelle

Mailing Address 7310 Windover Way

City State Zip Code
 Titusville FL 32780-7559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard County Public Schools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

09 / 20 / 2013

Transaction ID : 53408525

Amount of Each Receipt this Period

30.38

SUBTOTAL of Receipts This Page (optional)..... ►

91.18

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Valerie Treese

Mailing Address 24590 Lawton Ave

City

Loma Linda

State

CA

Zip Code

92354-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

09 / 19 / 2013

Transaction ID : 53408526

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR Amy Jo Lamb

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

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 24 / 2013

Transaction ID : 53408527

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kimberly Bryze

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwestern Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 53417977

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

360.84

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

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

FOR LINE NUMBER: PAGE 33 OF 41
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Peggy Jones-Nichols

Mailing Address Po Box 98

City
Santo

State
TX

Zip Code
76472-0098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Whatsies, Inc.

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 Y Y
09 / 17 / 2013

Transaction ID : 53450332

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$25.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

0.00

3883.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2013

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

Transaction ID : 53176203Purpose of Disbursement
Bank Fees on checking account

001

Amount of Each Disbursement this Period

Candidate Name

342.72

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Bank Fees on checking account

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

--

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

--

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

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

342.72

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

342.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Rob Portman

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53245984

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Susan M. Collins

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246112

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Tim Scott

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246150

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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. Tammy Baldwin For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Mailing Address P.O. Box 696

City	State	Zip Code
Madison	WI	53701

Transaction ID : 53246152Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Tammy BaldwinCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

campaign contribution

State: WI District: 02

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Transaction ID : 53246153Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. John BarrowCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

campaign contribution

State: GA District: 12

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Mailing Address 1231 W Northern Lts #605

City	State	Zip Code
Anchorage	AK	99503

Transaction ID : 53246173Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. Mark P. BegichCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

campaign contribution

State: AK District:

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

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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 (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Tim Bishop For Congress

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Tim BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246174

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee (DCCC)

Mailing Address 430 South Capitol St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246176

Amount of Each Disbursement this Period

5000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dick Durbin

Mailing Address PO Box 1949

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Richard J. DurbinOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246179

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).....▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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. Enzi For Us Senate

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Mike B. Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246181

Amount of Each Disbursement this Period

1500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Chuck E. Grassley

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246197

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246199

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)
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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. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City	State	Zip Code
Lumberton	NC	28359

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Mike McIntyreOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246200

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	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Barbara A. MikulskiOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246223

Amount of Each Disbursement this Period

2500.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Jan D. SchakowskyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246226

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)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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. John Tierney For Congress

Mailing Address 12 Hussey Avenue

City Danvers	State MA	Zip Code 01923
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Purpose of Disbursement
campaign contribution

Candidate Name

Rep. John F. TierneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246232

Amount of Each Disbursement this Period

2500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord	State NH	Zip Code 03302
-----------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Ann McLane KusterOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246237

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address P O Box 521048

City Salt Lake City	State UT	Zip Code 84152
------------------------	-------------	-------------------

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Jim D. MathesonOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246260

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).....▶

4500.00

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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 (AOTPAAC)

Full Name (Last, First, Middle Initial)

A. Susan Smith-Foley

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Mailing Address 400 Woodland Ave

City	State	Zip Code
Avon By The Sea	NJ	07717-1141

Transaction ID : 53172661Purpose of Disbursement
Void - Avon Occupational Therapy, Inc.

Amount of Each Disbursement this Period

Candidate Name

010

Category/
Type

-35.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Void - Avon Occupational Therapy, Inc.

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

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

-35.00

-35.00