

# 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 (AOT PAC)

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) [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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 01 / 17 / 2016

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="2015"/>	<input type="text" value="69183.39"/>	<input type="text" value="69183.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74300.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13383.78"/>	<input type="text" value="165887.04"/>
(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="87683.97"/>	<input type="text" value="235070.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32760.47"/>	<input type="text" value="180146.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54923.50"/>	<input type="text" value="54923.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	6761.77	62081.76
(ii) Unitemized .....	6605.94	103622.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13367.71	165704.02
(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) .....	13367.71	165704.02
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.).....	16.07	183.02
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))..... ▶	13383.78	165887.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13383.78	165887.04

**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 .....	260.47	3220.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	260.47	3220.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	176800.00
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	126.00
(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	126.00
29. Other Disbursements .....	0.00	0.00
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)) ..	32760.47	180146.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32760.47	180146.93

**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) .....	13367.71	165704.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	126.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13367.71	165578.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	260.47	3220.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	260.47	3220.93

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

Form/Schedule: F3XA  
Transaction ID :

Additional unitemized receipts totaling \$145.00 were identified as received in late December and not previously reported. They are included in this report.

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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Janis Elizabeth Battan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3193 Allen Road  
 City Elk State WA Zip Code 99009-9581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Washington Univ. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 68852074**  
 Amount of Each Receipt this Period  
**30.42**

**B. Trina Lea Schulz**  
 Full Name (Last, First, Middle Initial)  
 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 **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : 68852075**  
 Amount of Each Receipt this Period  
**30.42**

**C. DR Diane Lynn Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 N Beacon St  
 City Watertown State MA Zip Code 02472-2749  
 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 **395.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : 68852076**  
 Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.26</b>
<b>TOTAL</b> 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 49
	<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. LaDessa Forrest**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10207 W Yosemite Dr  
 City State Zip Code  
 Wichita KS 67215-1580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aegis Therapy Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : 68852077**  
 Amount of Each Receipt this Period  
 30.42

**B. Elizabeth Hart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 Valley Park Dr  
 City State Zip Code  
 Chapel Hill NC 27514-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carol Woods Retirement Community Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : 68852078**  
 Amount of Each Receipt this Period  
 30.42

**C. Elizabeth Hart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 Valley Park Dr  
 City State Zip Code  
 Chapel Hill NC 27514-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carol Woods Retirement Community Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 283.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 68852079**  
 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 9 OF 49
	<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. Janet M Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1959 Ne Pacific St Box 356490 Rm B  
 City State Zip Code  
 Seattle WA 98195-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of Washington 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  
 12 / 04 / 2015  
**Transaction ID : 68852082**  
 Amount of Each Receipt this Period  
 30.42

**B. Amy Hahn Solomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9568 La Quinta Dr  
 City State Zip Code  
 Lone Tree CO 80124-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pima Medical Institute Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : 68852083**  
 Amount of Each Receipt this Period  
 30.42

**C. Janet Sue Jedlicka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 Breezy Hills Cv  
 City State Zip Code  
 Grand Forks ND 58201-7919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of North Dakota 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  
 12 / 02 / 2015  
**Transaction ID : 68852084**  
 Amount of Each Receipt this Period  
 60.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.68
<b>TOTAL</b> 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 49
	<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. Cathy M Mistovich**  
Full Name (Last, First, Middle Initial)

Mailing Address 2631 Monaldi Pkwy

City State Zip Code  
Dyer IN 46311-2134

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

Name of Employer Occupation  
South Suburban College Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**337.94**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : 68852085**

Amount of Each Receipt this Period  
**30.42**

**B. Lori Vaughn**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Granville Rd

City State Zip Code  
Southwick MA 01077-9666

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

Name of Employer Occupation  
Bay Path College Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**334.58**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : 68852086**

Amount of Each Receipt this Period  
**30.42**

**C. Layman Darnell Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 5206 Citation Ave

City State Zip Code  
Edinburg TX 78539-9662

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

Name of Employer Occupation  
South Texas College 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  
**12 / 04 / 2015**

**Transaction ID : 68852087**

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 49
	<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. Ivelisse Lazzarini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5731 Thompson Rd  
City Syracuse State NY Zip Code 13214-1242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lemoyne College Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.26**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : 68852088**  
Amount of Each Receipt this Period **30.42**

**B. Margo A Kreger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5407 Carey Dr  
City Cedar Falls State IA Zip Code 50613-7044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allen College Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : 68852090**  
Amount of Each Receipt this Period **30.42**

**C. Miss Gretchen Renee Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9144 Kershaw Ct  
City Manassas State VA Zip Code 20110-4263  
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 **334.58**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : 68852091**  
Amount of Each Receipt this Period **121.68**

**SUBTOTAL** of Receipts This Page (optional)..... **182.52**  
**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 49
	<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. MRS Laura Elizabeth Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 87  
 City New Era State MI Zip Code 49446-0087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Health Care Center of Ann Ar Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **486.58**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : 68852092**  
 Amount of Each Receipt this Period **30.42**

**B. MR Jesse Valdez Chavez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 1901  
 City Mesilla Park State NM Zip Code 88047-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gadsden Independent District Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **334.57**

Date of Receipt **12 / 04 / 2015**  
**Transaction ID : 68852093**  
 Amount of Each Receipt this Period **60.83**

**C. 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 **1350.00**

Date of Receipt **12 / 03 / 2015**  
**Transaction ID : 68852094**  
 Amount of Each Receipt this Period **90.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>181.25</b>
<b>TOTAL</b> 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 49
	<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. Wendy Welch Jones**  
 Full Name (Last, First, Middle Initial)  
 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 Coastal EMS Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 02 / 2015  
**Transaction ID : 68852125**  
 Amount of Each Receipt this Period 30.42

**B. Gerri Ann Duran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4920 Calle De Tierra Ne  
 City Albuquerque State NM Zip Code 87111-2927  
 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 ▼ 482.96

Date of Receipt 12 / 05 / 2015  
**Transaction ID : 68852128**  
 Amount of Each Receipt this Period 41.67

**C. MRS Sarah McKinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 183 I Street  
 City Boston State MA Zip Code 02127-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass. General Hospital Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.75

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 68852131**  
 Amount of Each Receipt this Period 135.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.09
<b>TOTAL</b> 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 49
	<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. Denise Marie Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Faircliff Ct  
 City Glendale State CA Zip Code 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 ▼ 429.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 68852135**  
 Amount of Each Receipt this Period  
 41.67

**B. 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 ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 68852136**  
 Amount of Each Receipt this Period  
 45.00

**C. Esther Bernice Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Mcclure St  
 City Gonzales State TX Zip Code 78629-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 486.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 68852137**  
 Amount of Each Receipt this Period  
 60.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.50
<b>TOTAL</b> 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 49
	<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. Susan J Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2124 Sunset Blvd  
 City San Diego State CA Zip Code 92103-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Therapy Specialists Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 06 / 2015**  
**Transaction ID : 68852138**  
 Amount of Each Receipt this Period **30.38**

**B. Sharon Thomson Reitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8544 Window Latch Way  
 City Columbia State MD Zip Code 21045-5637  
 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 **334.58**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : 68852139**  
 Amount of Each Receipt this Period **60.84**

**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 **365.00**

Date of Receipt **12 / 06 / 2015**  
**Transaction ID : 68852140**  
 Amount of Each Receipt this Period **30.38**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>121.60</b>
<b>TOTAL</b> 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 49
	<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. Annette A Close**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3559 Copper Ave  
City Broomfield State CO Zip Code 80020-6502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bayada HHC Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **415.00**

Date of Receipt **12 / 01 / 2015**  
**Transaction ID : 68852544**  
Amount of Each Receipt this Period **365.00**

**B. Kathleen Anderson Hallett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 513 Kessler Dr  
City Neenah State WI Zip Code 54956-4111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Billings Public School System Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 08 / 2015**  
**Transaction ID : 69038133**  
Amount of Each Receipt this Period **25.00**

**C. Julie Renee Kalahar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 320 26th St Nw  
City Watertown State SD Zip Code 57201-5815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake Area Technical Institute Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 07 / 2015**  
**Transaction ID : 69038149**  
Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **420.42**  
**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 17 OF 49
	<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. David Dennis Clark**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 69038151**  
 Amount of Each Receipt this Period  
 30.42

**B. 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 ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038152**  
 Amount of Each Receipt this Period  
 30.42

**C. Dianne Franklin Simons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 Huntwick Ct  
 City Richmond State VA Zip Code 23233-7741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Commonwealth University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038153**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<b>TOTAL</b> 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 49
	<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. Stephanie Singleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Coryphodon Ln  
 City Jemez Springs State NM Zip Code 87025-9518  
 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 **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 69038154**  
 Amount of Each Receipt this Period  
 30.42

**B. Rachelle Dorne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Nw 82nd Ave Apt 604  
 City Plantation State FL Zip Code 33324-1400  
 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 **395.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 69038155**  
 Amount of Each Receipt this Period  
 30.42

**C. Diane Mary Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 North St  
 City Auburn State NY Zip Code 13021-1830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ithaca College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038156**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.84</b>
<b>TOTAL</b> 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 49
	<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 (AOTPAC)**

**A. Lorie Gage Richards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 S Wakara Way  
 City Salt Lake City State UT Zip Code 84108-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Utah Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038157**  
 Amount of Each Receipt this Period  
 10.00

**B. Jodie Marie Valls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 183 Lake Carnegie Ct  
 City Laredo State TX Zip Code 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 ▼ 334.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 69038158**  
 Amount of Each Receipt this Period  
 30.42

**C. Dahlia C Castillo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6960 Bruce Bissonette Dr  
 City El Paso State TX Zip Code 79912-8516  
 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 ▼ 869.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038159**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.42
<b>TOTAL</b> 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 49
	<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. Diana Rae Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 9139  
 City Morgantown State WV Zip Code 26506-9139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Virginia Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038160**  
 Amount of Each Receipt this Period  
 30.42

**B. Patrick James Bloom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Elm Tree Lane  
 City Vernon Hills State IL Zip Code 60061-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sundance Rehab Corp 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 Y  
 12 / 09 / 2015  
**Transaction ID : 69038161**  
 Amount of Each Receipt this Period  
 30.42

**C. Stephen B Kern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1023 Kimball St  
 City Philadelphia State PA Zip Code 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 **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038162**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.26</b>
<b>TOTAL</b> 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 49
	<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. Michelle Rae Parolise**  
Full Name (Last, First, Middle Initial)

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 Occupation  
Santa Ana College Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
12 / 09 / 2015  
**Transaction ID : 69038163**

Amount of Each Receipt this Period  
30.42

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

Mailing Address 453 W 10th Ave

City State Zip Code  
Columbus OH 43210-2205

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

Name of Employer Occupation  
Ohio State University Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 09 / 2015  
**Transaction ID : 69038164**

Amount of Each Receipt this Period  
100.00

**C. Cynthia A Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 N Stonewall Ave

City State Zip Code  
Oklahoma City OK 73117-1215

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

Name of Employer Occupation  
Univ of Oklahoma Health Sciences Cente Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : 69038165**

Amount of Each Receipt this Period  
30.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.84

**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 22 OF 49
	<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. Patricia E Fingerhut**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 Twin Oaks Blvd  
 City State Zip Code  
 Kemah TX 77565-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of TX Med Branch Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038166**  
 Amount of Each Receipt this Period  
 30.42

**B. Rebecca Ann Piazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12014 Nw 136th St  
 City State Zip Code  
 Alachua FL 32615-6549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UF Health Shands Rehab Hospital Student  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038167**  
 Amount of Each Receipt this Period  
 50.00

**C. Miss Gretchen Renee Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9144 Kershaw Ct  
 City State Zip Code  
 Manassas VA 20110-4263  
 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 ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038169**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.84
<b>TOTAL</b> 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 23 OF 49
	<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. MRS Kim Ann Mahoney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 Puritan Ave  
 City Bronx State NY Zip Code 10461-6153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Top Health Occupation Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038170**  
 Amount of Each Receipt this Period  
**30.42**

**B. MS Sara Marie Androyna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50634 Jefferson Apt # 219  
 City New Baltimore State MI Zip Code 48047-2369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lapeer County Intermediate School Dist Occupation Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038171**  
 Amount of Each Receipt this Period  
**30.42**

**C. Tanya Jeanne Bay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3330 Riva Ridge Dr  
 City Fort Collins State CO Zip Code 80526-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Colorado Health Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038176**  
 Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.26</b>
<b>TOTAL</b> 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 24 OF 49
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The American Occupational Therapy Association, Inc. Political Action Committee (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 ▼ **365.00**

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : 69038177**

Amount of Each Receipt this Period  
**30.42**

**B. Michael Thomas Berthelette**  
Full Name (Last, First, Middle Initial)

Mailing Address 4311 S Cameron Ave

City Tampa State FL Zip Code 33611-1327

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

Name of Employer BMR Health Services, Inc. Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
12 / 12 / 2015  
**Transaction ID : 69038178**

Amount of Each Receipt this Period  
**100.00**

**c. MISS Kelsi A Shough**  
Full Name (Last, First, Middle Initial)

Mailing Address 4510 Ironton Ave Apt 6207

City Lubbock State TX Zip Code 79407-3787

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

Name of Employer Texas Tech University Health Sciences Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
12 / 09 / 2015  
**Transaction ID : 69038179**

Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>160.84</b>
<b>TOTAL</b> 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 25 OF 49
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Neil Harvison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 Ridge Rd  
 City New Milford State CT Zip Code 06776-3131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Occupational Therapy Associat Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **376.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038180**  
 Amount of Each Receipt this Period  
**41.67**

**B. 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 **405.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038181**  
 Amount of Each Receipt this Period  
**30.38**

**c. DR Kelly Landry Alig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Gravier St  
 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 **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : 69038182**  
 Amount of Each Receipt this Period  
**30.38**

**SUBTOTAL** of Receipts This Page (optional)..... **102.43**  
**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 26 OF 49
	<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. L Diane Parham**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 243.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2015  
**Transaction ID : 69038183**  
 Amount of Each Receipt this Period  
 30.42

**B. Anne Elizabeth Dickerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 Planters Walk  
 City Greenville State NC Zip Code 27858-8426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Carolina Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 69038184**  
 Amount of Each Receipt this Period  
 30.42

**C. Gail Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 S Elmwood Ave  
 City Oak Park State IL Zip Code 60304-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Illinois Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 744.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 69038185**  
 Amount of Each Receipt this Period  
 60.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.67
<b>TOTAL</b> 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 27 OF 49
	<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. Eric M Gerken**  
Full Name (Last, First, Middle Initial)

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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : 69038188**

Amount of Each Receipt this Period  
**25.00**

**B. Esther Bernice Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 McClure St

City Gonzales State TX Zip Code 78629-4213

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

Name of Employer Retired Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **621.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 69040776**

Amount of Each Receipt this Period  
**135.00**

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

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 American Occupational Therapy Associat Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **506.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 69040780**

Amount of Each Receipt this Period  
**66.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>226.00</b>
<b>TOTAL</b> 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 28 OF 49
	<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. Dennis Sullivan Cleary**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : 69085108**  
 Amount of Each Receipt this Period  
 30.00

**B. Susan K Goszewski**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : 69095438**  
 Amount of Each Receipt this Period  
 30.42

**C. Bruce Allan Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13604 Ne 42nd Ave  
 City Vancouver State WA Zip Code 98686-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Salmon Creek Children's Therapy Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2015  
**Transaction ID : 69095439**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.75
<b>TOTAL</b> 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 29 OF 49
	<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. Jennifer C Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1126 N Cedar St

City Abilene State KS Zip Code 67410-2022

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

Name of Employer Hoover Bachman Assoc Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 69095441**

Amount of Each Receipt this Period  
**30.42**

**B. Kimberly Bryze**  
Full Name (Last, First, Middle Initial)

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 ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 69095445**

Amount of Each Receipt this Period  
**100.00**

**C. 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 ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2015  
**Transaction ID : 69095447**

Amount of Each Receipt this Period  
**30.42**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.84**

**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 30 OF 49
	<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. Mary Elizabeth Craig-Oatley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Summerhaze Ct  
 City Ormond Beach State FL Zip Code 32174-4871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Daytona State College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 69095448**  
 Amount of Each Receipt this Period  
 30.38

**B. Carla Sue Wilhite**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 434.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 69095449**  
 Amount of Each Receipt this Period  
 30.42

**C. Deborah A Whitcomb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8876 Monte Dr  
 City Cincinnati State OH Zip Code 45242-6331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DBA Cincinnati O.T. Institute Inc. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2015  
**Transaction ID : 69095451**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.80
<b>TOTAL</b> 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 31 OF 49
	<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. Brent Howard Braveman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Hermann Park Ct Apt 432  
 City State Zip Code  
 Houston TX 77021-2293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 M.D. Anderson Cancer Center Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**727.47**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : 69095452**  
 Amount of Each Receipt this Period  
**60.83**

**B. Pamela Ellen Toto**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
**365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 69095453**  
 Amount of Each Receipt this Period  
**30.38**

**C. Timothy Justin Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Mayflower Dr  
 City State Zip Code  
 Wentzville MO 63385-3563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Missouri Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**405.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 69095454**  
 Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>121.63</b>
<b>TOTAL</b> 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 32 OF 49
	<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. Donna M Costa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 874 American Pacific Dr  
 City Henderson State NV Zip Code 89014-8800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stony Brook University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 12 / 20 / 2015  
**Transaction ID : 69095455**  
 Amount of Each Receipt this Period 30.42

**B. DR Kathleen D Weissberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Beaufort Lane  
 City Milford State DE Zip Code 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 ▼ 638.70

Date of Receipt 12 / 17 / 2015  
**Transaction ID : 69095456**  
 Amount of Each Receipt this Period 60.83

**C. Virginia Carroll Stoffel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8640 N Pelham Pkwy  
 City Bayside State WI Zip Code 53217-2445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Wisconsin - Milwaukee Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 826.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : 69097037**  
 Amount of Each Receipt this Period 166.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	257.25
<b>TOTAL</b> 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 33 OF 49
	<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. Christina A Metzler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2153 California St., NW, Apt 405

City Washington State DC Zip Code 20008-1843

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

Name of Employer American Occupational Therapy Associat Occupation Chief Public Affairs Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2015**

**Transaction ID : 69161143**

Amount of Each Receipt this Period  
**500.00**

**B. Sandra L Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2339 Ne Estate Dr

City Hillsboro State OR Zip Code 97124-4117

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

Name of Employer Pacific University Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 30 / 2015**

**Transaction ID : 69161871**

Amount of Each Receipt this Period  
**50.00**

**C. Melissa Marie Callahan**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Beach 101st St, 3d

City Rockaway Park State NY Zip Code 11694-2815

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 ▼ **405.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2015**

**Transaction ID : 69161902**

Amount of Each Receipt this Period  
**30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **580.42**

**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:	PAGE 34 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Robin G B Lampman**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2559

City Kenai State AK Zip Code 99611-2559

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

Name of Employer North Star Occupational Therapy Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **314.23**

Date of Receipt **12 / 23 / 2015**

**Transaction ID : 69161905**

Amount of Each Receipt this Period **30.47**

**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 ▼ **749.15**

Date of Receipt **12 / 23 / 2015**

**Transaction ID : 69161908**

Amount of Each Receipt this Period **60.83**

**C. Kim Marie Gilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 74 Smith St

City Lincoln State RI Zip Code 02865-3533

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

Name of Employer Therapy Works, Inc. Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **273.42**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : 69161911**

Amount of Each Receipt this Period **121.52**

**SUBTOTAL** of Receipts This Page (optional)..... **212.82**

**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 36 OF 49
	<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. MR Allen Scott Keener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1241 29th St S Apt 4  
 City Birmingham State AL Zip Code 35205-1964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wallace State 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 Y  
 12 / 23 / 2015  
**Transaction ID : 69161922**  
 Amount of Each Receipt this Period  
 30.42

**B. Jennifer Davis Hluchy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 O'brien Drive  
 City Baton Rouge State LA Zip Code 70810-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthsouth Rehab. Hosp. of Baton Roug Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : 69161924**  
 Amount of Each Receipt this Period  
 30.46

**C. 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 ▼ 273.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 69162007**  
 Amount of Each Receipt this Period  
 30.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.30  
**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 37 OF 49
	<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. Florence B Hannes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Lake Rd  
 City Salisbury Mills State NY Zip Code 12577-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange County Community College Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 647.47

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 69162008**  
 Amount of Each Receipt this Period  
 60.83

**B. Andrea M Bilics**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Lexington Ln  
 City Millis State MA Zip Code 02054-1441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Worcester State College 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 Y  
 12 / 23 / 2015  
**Transaction ID : 69162009**  
 Amount of Each Receipt this Period  
 30.42

**C. Harriett Smith Bynum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Cottonwood Dr  
 City Oakdale State PA Zip Code 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 ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : 69162010**  
 Amount of Each Receipt this Period  
 30.42

**SUBTOTAL** of Receipts This Page (optional).....▶ 121.67  
**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 38 OF 49  
(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)**

**A. Anne H Hull**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 University Blvd  
 City Saint Augustine State FL Zip Code 32086-5799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of St. Augustine Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 69162011**  
 Amount of Each Receipt this Period  
 30.38

**B. Nathan Bernard Herz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Baldwin Blvd  
 City Fishersville State VA Zip Code 22939-2375  
 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 ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : 69162012**  
 Amount of Each Receipt this Period  
 30.42

**C. Carol Rose Scheerer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Saint James Ave Apt 4  
 City Cincinnati State OH Zip Code 45206-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Xavier University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 626.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : 69162013**  
 Amount of Each Receipt this Period  
 60.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.63  
**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 39 OF 49
	<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. Janet Sue Jedlicka**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 69162015**  
 Amount of Each Receipt this Period  
**30.42**

**B. Mary Kay W Arvin**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **273.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 69162016**  
 Amount of Each Receipt this Period  
**30.42**

**C. Lisa Kay Iffland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2417 W Gladys Ave  
 City Chicago State IL Zip Code 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 ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : 69162018**  
 Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>91.26</b>
<b>TOTAL</b> 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 40 OF 49
	<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. Kristie Patten Koenig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 N Jackson St  
 City State Zip Code  
 Media PA 19063-2553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Temple University Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : 69162025**  
 Amount of Each Receipt this Period  
 30.42

**B. Jodie Marie Valls**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Laredo Community College Occupational Therapy Assistant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : 69162030**  
 Amount of Each Receipt this Period  
 30.42

**C. Kory Jean Hall**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Lake Area Technical Institute Occupational Therapy Assistant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 69162034**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.26
<b>TOTAL</b> 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 41 OF 49
	<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. Rebecca E Argabrite Grove**  
 Full Name (Last, First, Middle Initial)  
 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 American Occupational Therapy Associat Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : 69162068**  
 Amount of Each Receipt this Period  
 40.00

**B. Sharon Thomson Reitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8544 Window Latch Way  
 City Columbia State MD Zip Code 21045-5637  
 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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : 69162070**  
 Amount of Each Receipt this Period  
 30.42

**C. Michael Thomas Berthelette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4311 S Cameron Ave  
 City Tampa State FL Zip Code 33611-1327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BMR Health Services, Inc. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 69162074**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.42  
**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 42 OF 49
	<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. Mr. Scott David Nordquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11874 Canterbury Dr.  
 City Sterling Heights State MI Zip Code 48312-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. John's Hospital Occupation Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 21 / 2015**  
**Transaction ID : 69162075**  
 Amount of Each Receipt this Period **30.42**

**B. MR Jesse Valdez Chavez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 1901  
 City Mesilla Park State NM Zip Code 88047-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gadsden Independent District Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **395.40**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : 69162077**  
 Amount of Each Receipt this Period **60.83**

**C. 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 Eastern Michigan Univ. and DBA/ AJ Lam Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : 69162079**  
 Amount of Each Receipt this Period **30.38**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>121.63</b>
<b>TOTAL</b> 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 43 OF 49
	<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. Penelope A Moyers Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 Cleveland Ave S Apt 10  
 City Saint Paul State MN Zip Code 55116-1261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Catherine Univ Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **12 / 27 / 2015**  
**Transaction ID : 69162080**  
 Amount of Each Receipt this Period **30.42**

**B. Kathryn Melin Eberhardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 North Rebecca Street  
 City Glenwood State IL Zip Code 60425-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Suburban College Occupation Occupational Therapy Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **517.09**

Date of Receipt **12 / 30 / 2015**  
**Transaction ID : 69162082**  
 Amount of Each Receipt this Period **60.83**

**C. DR Ruth S Ramsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Acacia Ave  
 City San Rafael State CA Zip Code 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 **375.00**

Date of Receipt **12 / 25 / 2015**  
**Transaction ID : 69162084**  
 Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **121.67**  
**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 44 OF 49
	<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. Carol Siebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 304 Forbush Mountain Dr

City Chapel Hill State NC Zip Code 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 ▼ **365.00**

Date of Receipt **12 / 21 / 2015**

**Transaction ID : 69162085**

Amount of Each Receipt this Period **30.42**

**B. MRS Sarah McKinnon**  
Full Name (Last, First, Middle Initial)

Mailing Address 183 I Street

City Boston State MA Zip Code 02127-4113

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

Name of Employer Mass. General Hospital Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 25 / 2015**

**Transaction ID : 69162087**

Amount of Each Receipt this Period **91.25**

**C. MRS Julianne Marie Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 1609 N Columbus St

City Lancaster State OH Zip Code 43130-1518

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

Name of Employer Apalachian Behavioral Healthcare & Gen Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 23 / 2015**

**Transaction ID : 69162088**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **141.67**

**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 45 OF 49
	<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. Fred Somers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Constitution Ave., NE

City Washington State DC Zip Code 20002-6434

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

Name of Employer American Occupational Therapy Assoc. Occupation ASSOCIATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 21 / 2015**

**Transaction ID : 69162090**

Amount of Each Receipt this Period **250.00**

**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 ▼ **365.00**

Date of Receipt **12 / 30 / 2015**

**Transaction ID : 69162091**

Amount of Each Receipt this Period **365.00**

**C. Dawn Albarado Sonnier**  
Full Name (Last, First, Middle Initial)

Mailing Address 35921 Sarasota Ave

City Denham Springs State LA Zip Code 70706-8633

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

Name of Employer DHH NORTHLAKE SUPPORTS AND SERVICE Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **678.69**

Date of Receipt **12 / 28 / 2015**

**Transaction ID : 69503911**

Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **655.00**

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

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

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

FOR LINE NUMBER: PAGE 46 OF 49  
(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)**

**A.** Full Name (Last, First, Middle Initial)  
**Marc Schaffer**

Mailing Address 4820 Emerald Ln

City Brunswick State OH Zip Code 44212-1175

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

Name of Employer Select Medical Corp. Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2015**

**Transaction ID : 69503912**

Amount of Each Receipt this Period  
**40.00**

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6761.77</b>

**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 Checking Account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 69080082**

Amount of Each Disbursement this Period

Bank Fees on Checking 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 (AOT PAC)**

Full Name (Last, First, Middle Initial)

### A. Diana Degette For Congress

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Diana DeGette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : 69100448**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

### B. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : 69100452**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

### C. Elise For Congress

Mailing Address PO Box 500

City State Zip Code  
Glens Falls NY 12801

Purpose of Disbursement  
campaign contribution

011

Category/  
Type

Candidate Name

**Rep. Elise Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : 69100500**

Amount of Each Disbursement this Period

500.00
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campaign contribution

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

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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. Democratic National Committee**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Democratic National Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : 69100501**

Amount of Each Disbursement this Period

15000.00
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campaign contribution

Full Name (Last, First, Middle Initial)

**B. Republican National Committee (RNC)**

Mailing Address 310 First St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : 69100502**

Amount of Each Disbursement this Period

15000.00
----------

campaign contribution

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

30000.00
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**TOTAL** This Period (last page this line number only)..... ▶

32500.00
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