

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) ▼

4720 Montgomery Lane, Suite 200

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00089086

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period 08 / 01 / 2014 through 08 / 31 / 2014

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

09

16

2014

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">94201.47</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">69801.02</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">15133.12</span>	<span style="border: 1px solid black; padding: 2px;">127656.42</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">84934.14</span>	<span style="border: 1px solid black; padding: 2px;">221857.89</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">9499.35</span>	<span style="border: 1px solid black; padding: 2px;">146423.10</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">75434.79</span>	<span style="border: 1px solid black; padding: 2px;">75434.79</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
08 01 2014

To:

M M / D D / Y Y Y Y  
08 31 2014

**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).....

4231.80

33781.14

(ii) Unitemized .....

10893.78

93809.31

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15125.58

127590.45

(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) .....

15125.58

127590.45

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

7.54

65.97

## 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))..... ▶

15133.12

127656.42

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

15133.12

127656.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	399.35	2103.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	399.35	2103.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	143670.00
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 .....	100.00	150.00
(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)).....	100.00	150.00
29. Other Disbursements .....	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9499.35	146423.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9499.35	146423.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15125.58	127590.45
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15025.58	127440.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	399.35	2103.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	399.35	2103.10

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

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

FOR LINE NUMBER: PAGE 6 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jennifer Lee McLaughlin**

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204872

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Janis Elizabeth Battan**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204873

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Dianne Franklin Simons**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204875

Amount of Each Receipt this Period

30.42

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

105.84

**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 7 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Margo A Kreger**

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

Hawkeye Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.58

Date of Receipt

08 / 02 / 2014

Transaction ID : 61204877

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Joanne Mary Bortone**

Mailing Address 5151 Park Ave

City

Fairfield

State

CT

Zip Code

06825-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sacred Heart Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 02 / 2014

Transaction ID : 61204878

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Barbara Thoreson Brockvelt**

Mailing Address 414 E Clark St

Lee Medical, Room 302

City

Vermillion

State

SD

Zip Code

57069-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The University of South Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 02 / 2014

Transaction ID : 61204882

Amount of Each Receipt this Period

35.00

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

95.84

**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 8 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Trina Lea Schulz**

Mailing Address 4915 Noble St

City

Shawnee

State

KS

Zip Code

66226-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Kansas Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 02 / 2014

Transaction ID : 61204884

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Amy Hahn Solomon**

Mailing Address 9568 La Quinta Dr

City

Lone Tree

State

CO

Zip Code

80124-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.32

Date of Receipt

08 / 02 / 2014

Transaction ID : 61204885

Amount of Each Receipt this Period

40.42

Full Name (Last, First, Middle Initial)

**c. Mary Patricia Shotwell**

Mailing Address 3463 Crown Dr

City

Gainesville

State

GA

Zip Code

30506-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brenau University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.32

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204886

Amount of Each Receipt this Period

30.42

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

101.26

**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 PageFOR LINE NUMBER: PAGE 9 OF 35  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DR Diane Lynn Smith**

Mailing Address 120 Pleasant St Unit 306

City

Watertown

State

MA

Zip Code

02472-2398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2014

**Transaction ID : 61204887**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Brent Howard Braveman**

Mailing Address 1 Hermann Park Ct Apt 432

City

Houston

State

TX

Zip Code

77021-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2014

**Transaction ID : 61204888**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. LaDessa Forrest**

Mailing Address 10207 W. Yosemite

City

Wichita

State

KS

Zip Code

67215-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aegis Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2014

**Transaction ID : 61204890**

Amount of Each Receipt this Period

30.42

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

91.26

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robin Ann Jones**

Mailing Address 1069 W 14th Pl Unit 232

City State Zip Code  
Chicago IL 60608-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UIC

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.36

Date of Receipt

08 / 05 / 2014

Transaction ID : 61204893

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. MS Lisa A Taranto**

Mailing Address 1512 Metropolitan St

City State Zip Code  
Las Vegas NV 89102-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sunrise Hospital

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204897

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Miss Anna Renee Fretz**

Mailing Address 7562 Morisset Ave

City State Zip Code  
Las Vegas NV 89179-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sunrise Hospital & Medical Center

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.68

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204898

Amount of Each Receipt this Period

30.46

**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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. DR Carly Cooper**

Mailing Address 10728 Canyon Sage Dr

City State Zip Code  
 El Paso TX 79924-2494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204899

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Allison Mae Stone**

Mailing Address 6682 Oxendale Ave

City State Zip Code  
 Las Vegas NV 89139-5364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sunrise Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204900

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **C. Donna M Costa**

Mailing Address 874 American Pacific Dr

City State Zip Code  
 Henderson NV 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 ▼

243.36

Date of Receipt

08 / 03 / 2014

Transaction ID : 61204901

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 12 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Yvonne Michelle Randall**

Mailing Address 6576 Appletree Cir

City State Zip Code  
Las Vegas NV 89103-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Touro University Nevada Occupational Therapist

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

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2014

Transaction ID : 61204902

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Mary Elizabeth Craig-Oatley**

Mailing Address 201 Summerhaze Ct

City State Zip Code  
Ormond Beach FL 32174-4871

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Daytona State College Occupational Therapist

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

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2014

Transaction ID : 61204908

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Jan Rowe**

Mailing Address 1530 3rd Ave S

City State Zip Code  
Birmingham AL 35294-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Univ of Alabama @ Birmingham Occupational Therapist

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

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2014

Transaction ID : 61204909

Amount of Each Receipt this Period

30.42

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

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

145.84

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

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

 FOR LINE NUMBER: PAGE 13 OF 35  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Wendy Welch Jones**

Mailing Address 28222 Timber Vlg

City

Magnolia

State

TX

Zip Code

77355-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal EMS

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

Transaction ID : 61204911

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Jo Karen S Werner**

Mailing Address 2708 Pleasant Valley Rd

City

Fort Collins

State

CO

Zip Code

80521-4083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2014

Transaction ID : 61228051

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Julie Renee Kalahar**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2014

Transaction ID : 61228072

Amount of Each Receipt this Period

30.42

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

460.84

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

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

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

 FOR LINE NUMBER: PAGE 14 OF 35  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Denise Marie Miller**

Mailing Address 12 Faircliff Ct

City	State	Zip Code
Glendale	CA	91206-1723

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 GAMC Therapy and Wellness Center

 Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : 61228073

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Christine Lynn Kroll**

Mailing Address 1528 Chase Blvd

City	State	Zip Code
Greenwood	IN	46142-1559

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Healthcare Therapy Service

 Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	09	/	2014

Transaction ID : 61228074

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**c. DR Kelly Landry Alig**

Mailing Address 1900 Gravier St Office 801

City	State	Zip Code
New Orleans	LA	70112-2262

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Louisiana State University HSC New Orl

 Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2014

Transaction ID : 61228075

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 15 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Neil Harverson**

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 ▼

243.32

Date of Receipt

08 / 09 / 2014

Transaction ID : 61228080

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Dahlia C Castillo**

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

The Univ. of Texas at El Paso

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 09 / 2014

Transaction ID : 61228081

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Debra Ann Rybski**

Mailing Address 468 Florence Ave

City

Webster Grvs

State

MO

Zip Code

63119-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Louis Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.65

Date of Receipt

08 / 09 / 2014

Transaction ID : 61228086

Amount of Each Receipt this Period

30.43

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

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

102.85

# **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 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rachelle Dorne**

Mailing Address 6274 Sw 192nd Ave

City

Fort Lauderdale

State

FL

Zip Code

33332-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.68

Date of Receipt

08 / 10 / 2014

Transaction ID : 61228088

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Sheri Montgomery**

Mailing Address 8 Clermont Ct

City

Palm Coast

State

FL

Zip Code

32137-8926

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 ▼

431.65

Date of Receipt

08 / 09 / 2014

Transaction ID : 61228089

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Patrick James Bloom**

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 ▼

243.32

Date of Receipt

08 / 09 / 2014

Transaction ID : 61228090

Amount of Each Receipt this Period

30.42

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

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

144.17



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

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

 FOR LINE NUMBER: PAGE 17 OF 35  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michelle Rae Parolise**

Mailing Address 6822 Loyola Dr

City	State	Zip Code
Huntington Beach	CA	92647-4054

FEC ID number of contributing federal political committee.

C

Name of Employer

Santa Ana College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2014

Transaction ID : 61228096

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Gail Fisher**

Mailing Address 1003 S Elmwood Ave

City	State	Zip Code
Oak Park	IL	60304-2109

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : 61228097

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Monica Lee Robinson**

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

Ohio State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2014

Transaction ID : 61228099

Amount of Each Receipt this Period

100.00

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: PAGE 18 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lori Vaughn**

Mailing Address 175 Granville Rd

City

Southwick

State

MA

Zip Code

01077-9666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Path College

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2014

Transaction ID : 61228101

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Rebecca Ann Piazza**

Mailing Address 5110 Nw 30th Ln

City

Gainesville

State

FL

Zip Code

32606-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shands Rehab Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2014

Transaction ID : 61228102

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Stephanie Singleton**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

308.32

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 10 / 2014

Transaction ID : 61228105

Amount of Each Receipt this Period

30.42

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

110.84

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS Sara Marie Androyna**

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 ▼

243.32

Date of Receipt

08 / 11 / 2014

Transaction ID : 61228107

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. MISS Kelsi A Shough**

Mailing Address 2145 Northglen Dr

City

Clovis

State

NM

Zip Code

88101-9357

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 ▼

207.10

Date of Receipt

08 / 09 / 2014

Transaction ID : 61228108

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kenneth G Dechman**

Mailing Address 28 Soller Heights Rd

City

Ghent

State

NY

Zip Code

12075-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 12 / 2014

Transaction ID : 61228123

Amount of Each Receipt this Period

60.84

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

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

121.68

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

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

 FOR LINE NUMBER: PAGE 20 OF 35  
 (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 (AOTPAAC)**

Full Name (Last, First, Middle Initial)

**A. Carolyn Baum**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2014

Transaction ID : 61228124

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Janice Diane Hinds**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2014

Transaction ID : 61228127

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Nancy K Marder**

Mailing Address 2384 Lindenmere Dr

City

Merrick

State

NY

Zip Code

11566-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Shore Hand Therapy

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

343.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : 61228128

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 21 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cynthia A Robinson**

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 Centre Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 08 2014

**Transaction ID : 61228129**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Anne Elizabeth Dickerson**

Mailing Address 1806 Planters Walk

City State Zip Code  
 Greenville NC 27858-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 East Carolina Univ Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 09 2014

**Transaction ID : 61228131**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kathleen D Weissberg**

Mailing Address 115 Beaufort Lane

City State Zip Code  
 Milford DE 19963-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Endura Care Therapy Mgmt 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  
 08 17 2014

**Transaction ID : 61280097**

Amount of Each Receipt this Period

30.42

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

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

91.26

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jennifer C Johnson**

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 ▼

243.32

Date of Receipt

08 / 15 / 2014

Transaction ID : 61280098

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

**B. Susan K Goszewski**

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.94

Date of Receipt

08 / 17 / 2014

Transaction ID : 61280099

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Timothy Justin Wolf**

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. in St. Louis

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.90

Date of Receipt

08 / 15 / 2014

Transaction ID : 61280101

Amount of Each Receipt this Period

30.42

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

91.22

**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 23 OF 35  
 (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 (AOTPAAC)**

Full Name (Last, First, Middle Initial)

**A. Carla Sue Wilhite**

Mailing Address 1434 Adams St Ne

City

Albuquerque

State

NM

Zip Code

87110-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2014

**Transaction ID : 61280217**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. David Dennis Clark**

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2014

**Transaction ID : 61280582**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Guy Louis McCormack**

Mailing Address 774 23rd Ave

City

San Francisco

State

CA

Zip Code

94121-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samuel Merritt Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2014

**Transaction ID : 61280588**

Amount of Each Receipt this Period

30.42

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

85.84

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kimberly Bryze**

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwestern Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 61280594

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Pamela Ellen Toto**

Mailing Address 7008 Lyons View Ct

City

Murrysville

State

PA

Zip Code

15668-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 15 / 2014

Transaction ID : 61280600

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Dennis Sullivan Cleary**

Mailing Address 453 W 10th Ave

City

Columbus

State

OH

Zip Code

43210-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2014

Transaction ID : 61440952

Amount of Each Receipt this Period

30.00

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

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

160.42



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

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

FOR LINE NUMBER: PAGE 25 OF 35  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lucretia Ann Berg**

Mailing Address 12310 138th Ave E

City State Zip Code  
 Puyallup WA 98374-4539

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 18 2014

**Transaction ID : 61440971**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Julie Lynn Milasich**

Mailing Address 5928 N 28th St

City State Zip Code  
 Tacoma WA 98407-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 St. Joseph Medical Center Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 22 2014

**Transaction ID : 61449336**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Harriett Smith Bynum**

Mailing Address 100 Cottonwood Dr

City State Zip Code  
 Oakdale PA 15071-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Kent State University, East Liverpool Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 21 2014

**Transaction ID : 61449337**

Amount of Each Receipt this Period

30.42

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

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

480.42

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

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

FOR LINE NUMBER: PAGE 26 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS Estrella Barrera**

Mailing Address 4232 Gochman St

City State Zip Code  
Austin TX 78723-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Austin Community College Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2014

**Transaction ID : 61449338**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. DR Ruth S Ramsey**

Mailing Address 50 Acacia Ave

City State Zip Code  
San Rafael CA 94901-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Dominican Univ of CA Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2014

**Transaction ID : 61449339**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Carol Siebert**

Mailing Address 304 Forbush Mountain Dr

City State Zip Code  
Chapel Hill NC 27514-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Employed Occupational Therapist Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2014

**Transaction ID : 61449340**

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Sharon Thomson Reitz**

Mailing Address 8544 Window Latch Way

City State Zip Code  
Columbia MD 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 ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2014

Transaction ID : 61449341

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Carol Rose Scheerer**

Mailing Address 2121 Saint James Ave Apt 4

City State Zip Code  
Cincinnati OH 45206-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2014

Transaction ID : 61449342

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. Melissa Marie Whelan**

Mailing Address 83 Dikeman St Apt 1

City State Zip Code  
Brooklyn NY 11231-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2014

Transaction ID : 61449344

Amount of Each Receipt this Period

30.42

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

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

95.84

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 28 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rebecca E Argabrite Grove**

Mailing Address 41718 Browns Farm Ln

City State Zip Code  
 Leesburg VA 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 ▼

295.00

Date of Receipt

08 / 24 / 2014

Transaction ID : 61449345

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Emily S Pugh**

Mailing Address 1744 Nw 7th Pl

City State Zip Code  
 Gainesville FL 32603-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Univ of Florida

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 25 / 2014

Transaction ID : 61449347

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Dawn Albarado Sonnier**

Mailing Address 35921 Sarasota Ave

City State Zip Code  
 Denham Springs LA 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 ▼

557.10

Date of Receipt

08 / 23 / 2014

Transaction ID : 61449348

Amount of Each Receipt this Period

30.42

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

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

100.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jodie Marie Valls**

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 ▼

243.28

Date of Receipt

08 / 25 / 2014

Transaction ID : 61449349

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Kory Jean Hall**

Mailing Address 209 1st St Sw

City

Watertown

State

SD

Zip Code

57201-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 22 / 2014

Transaction ID : 61449350

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Mary Margaret Arnold**

Mailing Address 1119 Maysville Ave

City

Zanesville

State

OH

Zip Code

43701-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zane State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

08 / 20 / 2014

Transaction ID : 61449359

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 30 OF 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Thomas Berthelette

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

OccupationalTherapy.com

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2014

Transaction ID : 61449360

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Esther Bernice Bell

Mailing Address 203 McClure St

City

Gonzales

State

TX

Zip Code

78629-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2014

Transaction ID : 61449363

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. DR Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City

Dexter

State

MI

Zip Code

48130-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2014

Transaction ID : 61449364

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Fred Somers**

Mailing Address 1104 Constitution Ave., NE

City  
Washington

State Zip Code  
DC 20002-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Occupational Therapy Assoc.

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

**Transaction ID : 61456381**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Penelope A Moyers Cleveland**

Mailing Address 575 Cleveland Ave S Apt 10

City  
Saint Paul

State Zip Code  
MN 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 ▼

243.32

Date of Receipt

08 / 27 / 2014

**Transaction ID : 61460967**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kathryn Melin Eberhardt**

Mailing Address 142 North Rebecca Street

City  
Glenwood

State Zip Code  
IL 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 ▼

243.36

Date of Receipt

08 / 30 / 2014

**Transaction ID : 61460968**

Amount of Each Receipt this Period

30.42

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

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

310.84

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

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

FOR LINE NUMBER: PAGE 32 OF 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Gerri Ann Duran**

Mailing Address 4920 Calle De Tierra Ne

City State Zip Code  
 Albuquerque NM 87111-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Self Employed Occupational Therapist Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 29 / 2014

**Transaction ID : 61460969**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Pamela Ellen Toto**

Mailing Address 7008 Lyons View Ct

City State Zip Code  
 Murrysville PA 15668-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Univ of Pittsburgh Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.36

Date of Receipt

08 / 27 / 2014

**Transaction ID : 61460972**

Amount of Each Receipt this Period

435.00

Full Name (Last, First, Middle Initial)

**C. Pamela Mims Claypool**

Mailing Address Po Box 321087

City State Zip Code  
 Flowood MS 39232-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 DBA Key Therapy Services Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

08 / 18 / 2014

**Transaction ID : 61669157**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totalling \$100.00 This changes the YTD Total to \$0.00

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

465.42

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

4231.80



<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

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

### A. SunTrust Bank



001

Category/  
Type

399.35

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**B.**

\_\_\_\_\_

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**C.**

\_\_\_\_\_

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

399.35

399.35

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

PAGE 34 OF 35

<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. Whitehouse For Senate**

Mailing Address P.O. Box 40280

City Providence	State RI	Zip Code 02940
--------------------	-------------	-------------------

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Sheldon Whitehouse**

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

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : 61448520**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie	State MN	Zip Code 55344
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Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Erik P. Paulsen**

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

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

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : 61448521**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Butterfield For Congress**

Mailing Address PO Box 2571

City Wilson	State NC	Zip Code 27894
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Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. George K. Butterfield**

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

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

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : 61448522**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

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

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 35

<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. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Anna G. Eshoo**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : 61448523**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Capito For West Virginia**

Mailing Address PO Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement  
campaign contribution

Candidate Name

**Shelley Capito**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : 61448524**

Amount of Each Disbursement this Period

2500.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. The Bill Keating Committee**

Mailing Address P.O. Box 3065

City	State	Zip Code
Buzzards Bay	MA	02532

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. William Keating**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : 61448525**

Amount of Each Disbursement this Period

2500.00
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campaign contribution

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

6000.00
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9000.00
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