

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer Electronically Filed by Christina A. Metzler Date 11 24 2008

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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		79391.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	85822.70									
(c) Total Receipts (from Line 19) .....	13059.01	178139.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	98881.71	257530.95								
7. Total Disbursements (from Line 31) .....	7295.25	165944.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	91586.46	91586.46								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1685.80	35673.64
(i) Itemized (use Schedule A) .....	11253.34	141060.56
(ii) Unitemized .....	12939.14	176734.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	12939.14	176734.20
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.) .....	119.87	1405.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13059.01	178139.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13059.01	178139.60

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	295.25	10394.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	295.25	10394.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	155500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(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	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7295.25	165944.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7295.25	165944.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	12939.14	176734.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12939.14	176684.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	295.25	10394.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	295.25	10394.49

**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 6 / 22
	<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 (AOTPAC)

**A.**

Full Name (Last, First, Middle Initial) Rebecca E Argabrite Grove	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
Mailing Address 41718 Browns Farm Lane	<b>Transaction ID:</b> 26407504
City Leesburg State VA Zip Code 20176-6026	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Loudoun County Public Schools Occupation occupational therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.00

**B.**

Full Name (Last, First, Middle Initial) Chris Pleitner	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
Mailing Address 8517 Forest Ave	<b>Transaction ID:</b> 26419038
City Munster State IN Zip Code 46321-2120	Amount of Each Receipt this Period 31.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer DBA NW Indiana Rehab Svcs Inc Occupation occupational therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00

**C.**

Full Name (Last, First, Middle Initial) David Dennis Clark	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
Mailing Address 1012 Demorest Mount Airy Hwy	<b>Transaction ID:</b> 26419041
City Mount Airy State GA Zip Code 30563-3505	Amount of Each Receipt this Period 61.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed Occupational Therapist Occupation occupational therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>122.00</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 7 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Denise Marie Miller		Date of Receipt
	Mailing Address 12 Faircliff Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Glendale	CA	91206-1723
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26419042
Name of Employer GAMC Therapy and Wellness Center		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Margaret Arnold		Date of Receipt
	Mailing Address 1119 Maysville Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Zanesville	OH	43701-5557
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26419043
Name of Employer Zane State College		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.00	<input type="text"/> 30.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Brent Howard Braveman		Date of Receipt
	Mailing Address Unit 3c 1447 W Victoria St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Chicago	IL	60660-4220
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26419052
Name of Employer University of Illinois		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 414.00	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 160.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Penelope A Moyers Cleveland		Date of Receipt
	Mailing Address 516 2nd Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Pleasant Grove	AL	35127-1757
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26419054
Name of Employer Univ of Alabama at Birmingham		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 424.00	<input type="text"/> 30.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Coogle Stephens		Date of Receipt
	Mailing Address 2361 Fair Oaks Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Decatur	GA	30033-1207
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26419055
Name of Employer Retired		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.00	<input type="text"/> 30.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn Baum		Date of Receipt
	Mailing Address 6314 S Rosebury 3 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Clayton	MO	63105-2255
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26419057
Name of Employer Washington Univ School of Medicine		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.00	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 occupational therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt 09 / 25 / 2008

**Transaction ID:** 26419058

Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alaine D Defour

Mailing Address 40285 Tonabee Ct.

City State Zip Code  
Sterling Heights MI 48313-4177

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Student STUDENT of Occupational Therapy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt 09 / 25 / 2008

**Transaction ID:** 26419069

Amount of Each Receipt this Period 30.00

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

Mailing Address 6294 W College Ave

City State Zip Code  
Greendale WI 53129-2801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Aurora Healthcare occupational therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt 09 / 25 / 2008

**Transaction ID:** 26419071

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... 90.00

**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 10 / 22
	(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"/> 15
<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 (AOTPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter John Kennelly		Date of Receipt
	Mailing Address 61 Gardner Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Middletown	NY	10940-3211
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26419072
Name of Employer ELANT at Fishkill, Inc.		Occupation occupational therapy assistant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 274.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jamie Lea McNally		Date of Receipt
	Mailing Address 1479 E 688th Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Lawrence	KS	66049-9123
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26419073
Name of Employer St. Francis Health Center		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 233.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sheri Montgomery		Date of Receipt
	Mailing Address 313 Herschler Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Evanston	WY	82930-5005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26419076
Name of Employer Uinta County School Dist #4		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 409.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 22  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott David Nordquist

Mailing Address 11874 Canterbury Dr.

City State Zip Code  
Sterling Heights MI 48312-3019

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

Name of Employer St. John's Hospital Occupation occupational therapy assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt: 09 / 25 / 2008  
Transaction ID: 26419087  
Amount of Each Receipt this Period: 30.00

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

Mailing Address 2913 Pelham Rd

City State Zip Code  
Madison WI 53713-3465

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

Name of Employer DBA The Steinhauer Group Occupation occupational therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt: 09 / 25 / 2008  
Transaction ID: 26419089  
Amount of Each Receipt this Period: 30.00

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

Mailing Address 6576 Appletree Cir

City State Zip Code  
Las Vegas NV 89103-4325

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

Name of Employer Touro University Nevada Occupation occupational therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 09 / 25 / 2008  
Transaction ID: 26419101  
Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00

**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 12 / 22  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Thoreson Brockevelt

Mailing Address 46357 309th St

City State Zip Code  
Vermillion SD 57069-6412

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 ▼ 274.00

Date of Receipt: 09 / 25 / 2008  
Transaction ID: 26419102  
Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Carey A Goldenberg

Mailing Address 426 Bellevue Ave. E Apt. 6

City State Zip Code  
Seattle WA 98102-4731

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

Name of Employer: DBA Giant Steps Children's Therapy  
Occupation: occupational therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 09 / 25 / 2008  
Transaction ID: 26419114  
Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Georgette R Ireland

Mailing Address 6696 Hidden Lake Trl

City State Zip Code  
Brecksville OH 44141-3178

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

Name of Employer: St. Vincent Charity Hosp  
Occupation: occupational therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt: 09 / 25 / 2008  
Transaction ID: 26419121  
Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00

**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: (check only one)	PAGE 13 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen B Kern		Date of Receipt
	Mailing Address 1023 Kimball St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City Philadelphia	State PA	Zip Code 19147-3820
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26419133
	Amount of Each Receipt this Period		<input type="text"/> 73.00
Name of Employer Thomas Jefferson Univ		Occupation occupational therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 323.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gloria R Lucker		Date of Receipt
	Mailing Address 3568 Hardt Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City Eden	State NY	Zip Code 14057-9646
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26419135
	Amount of Each Receipt this Period		<input type="text"/> 30.00
Name of Employer DBA Optimal Therapy Associates Service		Occupation occupational therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 728.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer Lee Mclaughlin		Date of Receipt
	Mailing Address 105 Ruth Ellen Court S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City Newark	State DE	Zip Code 19711-8511
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26419138
	Amount of Each Receipt this Period		<input type="text"/> 45.00
Name of Employer PUMH, Inc.		Occupation occupational therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 310.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 148.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 368 W 6th Ave

City Columbus State OH Zip Code 43201-3135

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

Name of Employer HCR Manor Care Occupation occupational therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt 09 / 25 / 2008

Transaction ID: 26419153

Amount of Each Receipt this Period 75.00

**B.**

Full Name (Last, First, Middle Initial)  
Trina Lea Schulz

Mailing Address 4915 Noble

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 ▼ 314.00

Date of Receipt 09 / 25 / 2008

Transaction ID: 26419158

Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 2917 Santa Monica Se

City Albuquerque State NM Zip Code 87106-2962

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

Name of Employer Presbyterian Home Health Occupation occupational therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt 09 / 25 / 2008

Transaction ID: 26419161

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**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: (check only one)	PAGE 15 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Judy Kay Hopkins	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 901 N Fairmont	<b>Transaction ID:</b> 26419182
	City State Zip Code Amarillo TX 79106-7167	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Plum Creek Health Care Occupation occupational therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerri Ann Duran	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 4920 Calle De Tierra Ne	<b>Transaction ID:</b> 26419184
	City State Zip Code Albuquerque NM 87111-2927	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupational Therapist Occupation occupational therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephanie Singleton	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 2917 Santa Monica Se	<b>Transaction ID:</b> 26419187
	City State Zip Code Albuquerque NM 87106-2962	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Presbyterian Home Health Occupation occupational therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	490.00
<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 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Monica Lee Robinson		Date of Receipt
	Mailing Address 368 W 6th Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Columbus	OH	43201-3135
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26425397
Name of Employer HCR Manor Care		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 890.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan K Goszewski		Date of Receipt
	Mailing Address 225 Oregon Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Cheshire	CT	06410-1827
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26565526
Name of Employer Yale New Haven Hosp		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.38
		<input type="text"/> 273.74	

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet Elizabeth Stafford		Date of Receipt
	Mailing Address 67 Hackett Hill Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Manchester	NH	03102-8991
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 26565528
Name of Employer DBA/Kidz Play Pediatric Therapy and We		Occupation occupational therapist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.42
		<input type="text"/> 212.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 85.80
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 22	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Yvonne Michelle Randall		Date of Receipt	
	Mailing Address 6576 Appletree Cir		M M / D D / Y Y Y Y 09 / 29 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 26609423
	Las Vegas	NV	89103-4325	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		75.00	
Name of Employer Touro University Nevada		Occupation occupational therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	1685.80

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 22	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address PO Box 4418		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Atlanta	GA	30302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1405.40"/>	Transaction ID: 26565518
			Amount of Each Receipt this Period <input type="text" value="119.87"/>
			interest earned on account

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="119.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="119.87"/>

# 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)

A.	Full Name (Last, First, Middle Initial) Hawkeye PAC <hr/> Mailing Address PO Box 7255 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement campaign contribution Candidate Name Hawkeye PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26333934 Date of Disbursement 09 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> campaign contribution
B.	Full Name (Last, First, Middle Initial) Bob Filner For Congress <hr/> Mailing Address PO Box 121480 <hr/> City Chula Vista State CA Zip Code 91912 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Bob Filner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26333935 Date of Disbursement 09 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> campaign contribution
C.	Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc <hr/> Mailing Address PO Box 29103 <hr/> City Greensboro State NC Zip Code 27429 <hr/> Purpose of Disbursement campaign contribution Candidate Name Kay Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26333936 Date of Disbursement 09 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 22

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Price For Congress  Mailing Address P.O. Box 425  City Roswell State GA Zip Code 30077  Purpose of Disbursement campaign contribution Candidate Name Rep. Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26333937 Date of Disbursement 09 / 16 / 2008  Amount of Each Disbursement this Period 1000.00  campaign contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Dutch Ruppertsberger For Congress  Mailing Address 22 West Padonia Road Suite C-141  City Timonium State MD Zip Code 21093  Purpose of Disbursement campaign contribution Candidate Name Rep. C.A. Dutch Ruppertsberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26333938 Date of Disbursement 09 / 16 / 2008  Amount of Each Disbursement this Period 1000.00  campaign contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez  Mailing Address 1212 S. Victory Blvd. Suite 211  City Burbank State CA Zip Code 91502  Purpose of Disbursement campaign contribution Candidate Name Rep. Loretta Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26333939 Date of Disbursement 09 / 16 / 2008  Amount of Each Disbursement this Period 500.00  campaign contribution

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

2500.00

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 4418

City  
Atlanta

State  
GA

Zip Code  
30302

Purpose of Disbursement  
Bank fees on account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 26389663

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

295.25

Bank fees on account

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

295.25

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

295.25

Image# 28993142825

Form/Schedule: **F3XA**

Amendment to clarify occupations and employer information for itemized receipts.

Transaction ID:

\*\*\*\*\*