

**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 linesThe 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**

CITY

STATE

ZIP CODE

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

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

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

0 1

2 5

2 0 1 0

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)

2 / 29

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
1 2D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		92142.23
(b) Cash on Hand at Beginning of Reporting Period	117559.43	
(c) Total Receipts (from Line 19)	21794.59	212378.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139354.02	304521.05
7. Total Disbursements (from Line 31)	6457.10	171624.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132896.92	132896.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information contact:**Federal Election Commission
999 E street, NW
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 29

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
1 2D D
0 1Y Y W Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

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)	4333.59	41071.71
(ii) Unitemized	17424.16	170971.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21757.75	212043.32
(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)	21757.75	212043.32
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.)	36.84	335.50
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))	21794.59	212378.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21794.59	212378.82

DETAILED SUMMARY PAGE

of Disbursements

4 / 29

FEC Form 3X (Rev. 02/2003)

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.....	357.10	3773.13	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	357.10	3773.13	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	166600.00	
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	100.00	570.00	
(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	570.00	
29. Other Disbursements.....	0.00	681.00	
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))..	6457.10	171624.13	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6457.10	171624.13	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

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)	21757.75	212043.32
34. Total Contribution Refunds (from Line 28(d))	100.00	570.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21657.75	211473.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	357.10	3773.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	357.10	3773.13

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

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

FOR LINE NUMBER: PAGE 6 / 29

(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)

Frank E Gainer

Mailing Address 1447 Corcoran St Nw

City

Washington

State

DC

Zip Code

20009-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational The-
rapy Assoc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 32644325

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Judith G Manuel

Mailing Address Po Box # 64

City

Walton

State

NY

Zip Code

13856-0064

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Right Solutions

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32646480

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jessica Leigh Prescott

Mailing Address 235 Calhoun St.

City

Charleston

State

SC

Zip Code

29401-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Occupational Therapy Stud-
ent

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 32651841

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

425.00

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 7 / 29

(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)

Carla Maxine Wilkinson

Mailing Address 2116 Blue Ridge Blvd

City

Birmingham

State

AL

Zip Code

35226-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys Home Health Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 32849168

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Fred Somers

Mailing Address 13904 Waverly Creek Ct.

City

Chantilly

State

VA

Zip Code

20151-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational Therapy Assoc.

Occupation

Chief Executive Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32849209

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ruth Graper

Mailing Address 14102 Sagewood Dr

City

Dubuque

State

IA

Zip Code

52002-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Agility Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 32853116

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

540.00

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 8 / 29

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Christina A Metzler

Mailing Address 2153 California St., NW Apt 405

City

Washington

State

DC

Zip Code

20008-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational The-
rapy Associat

Occupation

Chief Public Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 32853223

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Chris Pleitner

Mailing Address 8517 Forest Ave

City

Munster

State

IN

Zip Code

46321-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA NW Indiana Rehab Svcs
Inc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986068

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Janet M Neely

Mailing Address 1407 Southgate Rd

City

Knoxville

State

TN

Zip Code

37919-8322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane State Community Col-
lege

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.10

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 32986078

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

490.00

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 9 / 29

(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)

Erica Beth Stern

Mailing Address 439 Brimhall St

City

Saint Paul

State

MN

Zip Code

55105-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Minnesota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32986090

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mary Collins Guenzel

Mailing Address 2504 Hillside Dr

City

Laramie

State

WY

Zip Code

82070-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ark Regional Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 32986107

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Ms Jacqueline Elkins

Mailing Address 24407 Little Valley Road

City

Hidden Hills

State

CA

Zip Code

91302-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
not employed

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32986122

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

445.00

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 / 29

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Denise Marie Miller

Mailing Address 12 Faircliff Ct

City

Glendale

State

CA

Zip Code

91206-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
GAMC Therapy and Wellness
Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32986123

Amount of Each Receipt this Period

460.00

B.

Full Name (Last, First, Middle Initial)

Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 32986124

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun County Public Sch-
ools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 9

Transaction ID: 32986125

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

520.84

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(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)

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986126

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Mary-Ellen Johnson

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

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 32986127

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Carla Sue Wilhite

Mailing Address 2120 Vale Pl

City

Casper

State

WY

Zip Code

82604-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 32986140

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 12 / 29

(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)

Gayla Grubic Strong

Mailing Address 307 W 8th St

City

Holtville

State

CA

Zip Code

92250-1163

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 ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 32986155

Amount of Each Receipt this Period

36.50

B.

Full Name (Last, First, Middle Initial)

Christine Lynn Kroll

Mailing Address 1528 Chase Blvd

City

Greenwood

State

IN

Zip Code

46142-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32986209

Amount of Each Receipt this Period

30.45

C.

Full Name (Last, First, Middle Initial)

Wendy Welch-Gillen

Mailing Address 18515 N Settlers Shore Dr

City

Cypress

State

TX

Zip Code

77433-2479

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 ▼

243.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986210

Amount of Each Receipt this Period

30.45

SUBTOTAL of Receipts This Page (optional)

97.40

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 13 / 29

(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)

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.70

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 9

Transaction ID: 32986211

Amount of Each Receipt this Period

30.45

B.

Full Name (Last, First, Middle Initial)

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 ▼

372.40

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986212

Amount of Each Receipt this Period

30.40

C.

Full Name (Last, First, Middle Initial)

Diana Jean Baldwin

Mailing Address 2117 S El Chaparral Ave

City

Columbia

State

MO

Zip Code

65201-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Missouri-Columbia

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.40

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 9

Transaction ID: 32986213

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

91.25

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 / 29

(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)

Christina Sue Griffin

Mailing Address 8016 W Sierra Vista Dr

City

Glendale

State

AZ

Zip Code

85303-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.T. Still Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986214

Amount of Each Receipt this Period

30.40

B.

Full Name (Last, First, Middle Initial)

Anne Elizabeth Dickerson

Mailing Address 1806 Planters Walk

City

Greenville

State

NC

Zip Code

27858-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Carolina Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986215

Amount of Each Receipt this Period

30.44

C.

Full Name (Last, First, Middle Initial)

Carol Rose Scheerer

Mailing Address Apt 4
2121 St James Ave

City

Cincinnati

State

OH

Zip Code

45206-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986216

Amount of Each Receipt this Period

30.45

SUBTOTAL of Receipts This Page (optional)

91.29

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 15 / 29

(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)

Gail Fisher

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986217

Amount of Each Receipt this Period

30.44

B.

Full Name (Last, First, Middle Initial)

Barbara Thoreson Brockevelt

Mailing Address 414 E Clark St

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 ▼

363.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986218

Amount of Each Receipt this Period

30.33

C.

Full Name (Last, First, Middle Initial)

Emily S Pugh

Mailing Address 1744 Nw 7th Pl

City

Gainesville

State

FL

Zip Code

32603-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Florida

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986219

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

91.17

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 16 / 29

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Jacqueline Rose Brennan

Mailing Address 86 Gilbert St

City

N Brookfield

State

MA

Zip Code

01535-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worcester State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986220

Amount of Each Receipt this Period

30.45

B.

Full Name (Last, First, Middle Initial)

Lisa J Schubert

Mailing Address 18 Shoal Creek Fls

City

Signal Mtn

State

TN

Zip Code

37377-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Health Science

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.58

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986221

Amount of Each Receipt this Period

30.43

C.

Full Name (Last, First, Middle Initial)

Lisa Kay Iffland

Mailing Address 1310 N Leavitt St #1

City

Chicago

State

IL

Zip Code

60622-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32986222

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

91.28

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 17 / 29

(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)

Tani Marie Wright

Mailing Address 5778 Riga Hwy

City

Blissfield

State

MI

Zip Code

49228-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed Occupational
Therapy Ass

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986223

Amount of Each Receipt this Period

30.42

B.

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 ▼

363.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986225

Amount of Each Receipt this Period

30.40

C.

Full Name (Last, First, Middle Initial)

Miss Gretchen Renee Ward

Mailing Address 62 W 107th St Apt 6d

City

New York

State

NY

Zip Code

10025-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student of Occupational
Therapy

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.76

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986226

Amount of Each Receipt this Period

30.46

SUBTOTAL of Receipts This Page (optional)

91.28

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 18 / 29

(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)

Mrs. Donna C Flowers

Mailing Address 5406 Northmoor Dr

City

Dallas

State

TX

Zip Code

75229-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys Home Health Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 9

Transaction ID: 32986227

Amount of Each Receipt this Period

30.33

B.

Full Name (Last, First, Middle Initial)

Mrs Janelle Melissa Magee

Mailing Address 429 Church Street

City

Ambler

State

PA

Zip Code

19002-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Theraplay, Inc.

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32986228

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Jessica Leigh Prescott

Mailing Address 235 Calhoun St.

City

Charleston

State

SC

Zip Code

29401-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Occupational Therapy Student

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 9

Transaction ID: 32986230

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

70.73

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 19 / 29

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Patricia Ann Crist

Mailing Address 10195 Grubbs Rd

City

Wexford

State

PA

Zip Code

15090-9649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duquesne University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.84

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 32986235

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Victoria Julia Schindler

Mailing Address 819 Berrywood Ln

City

Galloway

State

NJ

Zip Code

08205-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Stockton College
of NJ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.14

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986239

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Brent Howard Braveman

Mailing Address Unit 3c
1447 W Victoria St

City

Chicago

State

IL

Zip Code

60660-4220

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 ▼

498.10

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 32986242

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.80

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 20 / 29

(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)

Dr Amy Jo Lamb

Mailing Address 842 Sparrow Hawk Dr

City

Highlands Ranch

State

CO

Zip Code

80129-6252

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA/ AJ Lamb Consulting

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986256

Amount of Each Receipt this Period

121.66

B.

Full Name (Last, First, Middle Initial)

Beverly A Meredith

Mailing Address Po Box 353

City

Perry

State

KS

Zip Code

66073-0353

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Frances Health Center

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986261

Amount of Each Receipt this Period

30.38

C.

Full Name (Last, First, Middle Initial)

Kathleen M Weissberg

Mailing Address 115 Beaufort Lane

City

Milford

State

DE

Zip Code

19963-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986266

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

182.46

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 21 / 29

(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)

Nancy Ellen Clark

Mailing Address 3080 Hecla St

City

Butte

State

MT

Zip Code

59701-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. James Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986269

Amount of Each Receipt this Period

30.45

B.

Full Name (Last, First, Middle Initial)

Lisa A Jackson

Mailing Address 320 Susie Dr

City

Winchester

State

TN

Zip Code

37398-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys Home Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32986272

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Linda Coogle Stephens

Mailing Address 2361 Fair Oaks Rd

City

Decatur

State

GA

Zip Code

30033-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986273

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

90.87

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 22 / 29

(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)

Carolyn Baum

Mailing Address 6314 S Rosebury 3 West

City

Clayton

State

MO

Zip Code

63105-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School of
Medicine

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986274

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Patricia Ann Crist

Mailing Address 10195 Grubbs Rd

City

Wexford

State

PA

Zip Code

15090-9649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duquesne University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986277

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Janet M Neely

Mailing Address 1407 Southgate Rd

City

Knoxville

State

TN

Zip Code

37919-8322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane State Community Col-
lege

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32986278

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

75.84

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 23 / 29

(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)

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 ▼

363.65

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: 32986280

Amount of Each Receipt this Period

30.33

B.

Full Name (Last, First, Middle Initial)

Penelope A Moyers Cleveland

Mailing Address 516 2nd Ave

City

Pleasant Grove

State

AL

Zip Code

35127-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama at Birmin-
g-ham

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.52

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32986281

Amount of Each Receipt this Period

60.92

C.

Full Name (Last, First, Middle Initial)

Sheri Montgomery

Mailing Address 313 Herschler Ave

City

Evanston

State

WY

Zip Code

82930-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uinta County School Dist
#4

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.70

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986282

Amount of Each Receipt this Period

30.45

SUBTOTAL of Receipts This Page (optional)

121.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 29

(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
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Brent Howard Braveman

Mailing Address Unit 3c

1447 W Victoria St

City

Chicago

State

IL

Zip Code

60660-4220

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 ▼

528.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 32986283

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 32986285

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Fred Somers

Mailing Address 13904 Waverly Creek Ct.

City

Chantilly

State

VA

Zip Code

20151-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational The-
rapy Assoc.

Occupation

Chief Executive Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 33180239

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

565.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 29

(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
(AOTPAAC)

A.

Full Name (Last, First, Middle Initial)

Delia Brooke Miller

Mailing Address 541 Deerfield Dr

City

Clarks Summit

State

PA

Zip Code

18411-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americare Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 33204718

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$100.00 This changes the YTD Total to \$50-
.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

4333.59

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 29

(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"/> 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
(AOTPAAC)**A.**

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

335.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 33037690

Amount of Each Receipt this Period

36.84

interest received on acco-
unt

SUBTOTAL of Receipts This Page (optional)

36.84

TOTAL This Period (last page this line number only)

36.84

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 27 / 29

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Ike Skelton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 04

Transaction ID: 32673168

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

campaign contribution

B. Full Name (Last, First, Middle Initial)
Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Michael Avery Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 32673169

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

campaign contribution

C. Full Name (Last, First, Middle Initial)
Brad Miller For United States Congress

Mailing Address PO Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Brad Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: 32673170

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

<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)

National Republican Senatorial Committee (NRSC)

Mailing Address 425 Second Street, N.E., Third Flo

City Washington State DC Zip Code 20002

Purpose of Disbursement
campaign contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32673171

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)

Wally Herger For Congress Committee

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Wally Herger

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 02

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32673176

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

6000.00

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 29 / 29

<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 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees on account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32849165

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2009

Amount of Each Disbursement this Period

357.10

bank fees on account

SUBTOTAL of Disbursements This Page (optional)

357.10

TOTAL This Period (last page this line number only)

357.10