

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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

ADDRESS (number and street)

4720 Montgomery Lane, Suite 200

Check if different than previously reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00089086

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period

[MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

[MM] / [DD] / [YYYY]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		60190.34
(b) Cash on Hand at Beginning of Reporting Period.....	97769.53	
(c) Total Receipts (from Line 19)	10658.87	207514.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	108428.40	267704.46
7. Total Disbursements (from Line 31).....	54314.47	213590.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54113.93	54113.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4193.92	53752.06
(ii) Unitemized	6452.56	153672.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10646.48	207424.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10646.48	207424.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.39	89.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10658.87	207514.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10658.87	207514.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	314.47	3265.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	314.47	3265.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	208250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	75.00
(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	75.00
29. Other Disbursements	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54314.47	213590.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54314.47	213590.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10646.48	207424.45
34. Total Contribution Refunds (from Line 28(d))	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10646.48	207349.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	314.47	3265.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	314.47	3265.53

**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 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Emily Karen Schulz
Full Name (Last, First, Middle Initial)

Mailing Address 430 N Matlock St

City Mesa State AZ Zip Code 85203-7222

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

Name of Employer A.T. Still University Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 47667952

Amount of Each Receipt this Period
15.00

B. Wendy Welch Jones
Full Name (Last, First, Middle Initial)

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 ▼ **212.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012

Transaction ID : 47667978

Amount of Each Receipt this Period
30.42

C. Anne Frances Cronin
Full Name (Last, First, Middle Initial)

Mailing Address 970 Stewart St

City Morgantown State WV Zip Code 26505-3648

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

Name of Employer West Virginia University Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **482.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : 47667979

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: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Anne Frances Cronin
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 Stewart St
 City Morgantown State WV Zip Code 26505-3648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **982.52**

Date of Receipt **09 / 15 / 2012**
Transaction ID : 47667980
 Amount of Each Receipt this Period **500.00**

B. Brenda Lee Koverman
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 W Diversey Pkwy Apt 1503
 City Chicago State IL Zip Code 60657-6206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush University Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 10 / 2012**
Transaction ID : 47667981
 Amount of Each Receipt this Period **500.00**

C. Emily Karen Schulz
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Matlock St
 City Mesa State AZ Zip Code 85203-7222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A.T. Still University Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **09 / 04 / 2012**
Transaction ID : 47667987
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional).....	1365.00
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 8 OF 43
	<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"/>	<input type="checkbox"/> 17

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

A. Jennifer Lee McLaughlin
Full Name (Last, First, Middle Initial)

Mailing Address 105 Ruth Ellen Ct S

City Newark State DE Zip Code 19711-8511

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

Name of Employer PUMH, Inc. Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **316.22**

Date of Receipt **09 / 03 / 2012**

Transaction ID : 47667991

Amount of Each Receipt this Period **45.00**

B. Julie Renee Kalahar
Full Name (Last, First, Middle Initial)

Mailing Address 320 26th St Nw

City Watertown State SD Zip Code 57201-5815

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

Name of Employer Lake Area Technical Institute Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.10**

Date of Receipt **09 / 07 / 2012**

Transaction ID : 47667997

Amount of Each Receipt this Period **30.42**

C. Carla Sue Wilhite
Full Name (Last, First, Middle Initial)

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 ▼ **205.00**

Date of Receipt **09 / 15 / 2012**

Transaction ID : 47667999

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **100.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Dennis Clark
Full Name (Last, First, Middle Initial)

Mailing Address 1012 Demorest Mount Airy Hwy

City Mount Airy	State GA	Zip Code 30563-3505
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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 ▼ **242.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2012

Transaction ID : 47668001

Amount of Each Receipt this Period

30.42

B. Emily S Pugh
Full Name (Last, First, Middle Initial)

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 ▼ **273.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2012

Transaction ID : 47668008

Amount of Each Receipt this Period

30.42

C. DR Diane Lynn Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Willowcreek Ln

City Columbia	State MO	Zip Code 65203-4886
------------------	-------------	------------------------

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

Name of Employer V.A. Medical Center	Occupation Occupational Therapist
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2012

Transaction ID : 47668009

Amount of Each Receipt this Period

30.46

SUBTOTAL of Receipts This Page (optional).....▶	91.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dianne Franklin Simons
 Full Name (Last, First, Middle Initial)
 Mailing Address 3009 Huntwick Ct
 City Richmond State VA Zip Code 23233-7741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Commonwealth University Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.10

Date of Receipt 09 / 03 / 2012
Transaction ID : 47668011
 Amount of Each Receipt this Period 30.42

B. Mrs. Donna C Flowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6306 Walnut Bend Ter
 City Midlothian State VA Zip Code 23112-2391
 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 ▼ 304.16

Date of Receipt 09 / 03 / 2012
Transaction ID : 47668019
 Amount of Each Receipt this Period 30.42

c. MISS Mary Strausser
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 Cramer Cir
 City Pottsville State PA Zip Code 17901-3123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Rehab Services Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.10

Date of Receipt 09 / 08 / 2012
Transaction ID : 47668020
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.26
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christine Lynn Kroll		Date of Receipt 09 / 10 / 2012 Transaction ID : 47668028
Mailing Address 1528 Chase Blvd		Amount of Each Receipt this Period 30.42
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	

Full Name (Last, First, Middle Initial) B. Barbara A Seguire		Date of Receipt 09 / 10 / 2012 Transaction ID : 47668029
Mailing Address 1608 Waterford Dr		Amount of Each Receipt this Period 30.42
City Bowling Green	State OH	Zip Code 43402-1567
FEC ID number of contributing federal political committee. C		
Name of Employer Owens Community College	Occupation Occupational Therapy Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	

Full Name (Last, First, Middle Initial) c. Mary Elizabeth Craig-Oatley		Date of Receipt 09 / 12 / 2012 Transaction ID : 47668030
Mailing Address 201 Summerhaze Ct		Amount of Each Receipt this Period 30.42
City Ormond Beach	State FL	Zip Code 32174-4871
FEC ID number of contributing federal political committee. C		
Name of Employer Daytona State College	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mary Patricia Shotwell
Full Name (Last, First, Middle Initial)

Mailing Address 3463 Crown Dr

City Gainesville State GA Zip Code 30506-1407

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

Name of Employer Brenau University Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 03 / 2012**

Transaction ID : 47668032

Amount of Each Receipt this Period **30.42**

B. Jan Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 1530 3rd Ave S

City Birmingham State AL Zip Code 35294-0002

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

Name of Employer Univ of Alabama @ Birmingham Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 04 / 2012**

Transaction ID : 47668033

Amount of Each Receipt this Period **30.42**

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

Mailing Address 2917 Santa Monica Ave Se

City Albuquerque State NM Zip Code 87106-2962

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

Name of Employer Presbyterian Home Health Svcs Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.78**

Date of Receipt **09 / 10 / 2012**

Transaction ID : 47668034

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kit M Kuhlemeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 Ashebrook Dr Apt B
 City Greensboro State NC Zip Code 27409-2789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Health Care Occupation Occupational Therapy Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt **09 / 01 / 2012**
Transaction ID : 47668575
 Amount of Each Receipt this Period **30.42**

B. Lynn M Jansky
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Nw 11th St Apt E203
 City Hermiston State OR Zip Code 97838-6916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sky Lakes Medical Center Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt **09 / 01 / 2012**
Transaction ID : 47668577
 Amount of Each Receipt this Period **30.42**

C. Laurel Cargill Radley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3701 R St Nw
 City Washington State DC Zip Code 20007-2123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AOTA Occupation Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt **09 / 07 / 2012**
Transaction ID : 47668578
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Betsy Joan Vanleit
Full Name (Last, First, Middle Initial)

Mailing Address 1908 Griegos Rd Nw

City Albuquerque State NM Zip Code 87107-2837

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

Name of Employer Univ of New Mexico - Health Sciences C Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **09 / 07 / 2012**

Transaction ID : 47668580

Amount of Each Receipt this Period **30.42**

B. Zubin Mathew Shirodkar
Full Name (Last, First, Middle Initial)

Mailing Address 59 Audrey Ave

City Plainview State NY Zip Code 11803-3514

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

Name of Employer New York City Board of Education Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **09 / 07 / 2012**

Transaction ID : 47668581

Amount of Each Receipt this Period **20.00**

C. Maria Angelica Barraza
Full Name (Last, First, Middle Initial)

Mailing Address 5716 N Jersey Ave

City Chicago State IL Zip Code 60659-3616

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

Name of Employer Pathways Center Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **09 / 01 / 2012**

Transaction ID : 47668582

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **80.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Deborah Parkinson		Date of Receipt MM / DD / YYYY 09 / 07 / 2012
Mailing Address 344b County Road 726		Transaction ID : 47668583
City Riceville	State TN	Zip Code 37370-5731
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.42	
Name of Employer EHCC	Occupation Occupational Therapy Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	

Full Name (Last, First, Middle Initial) B. Mrs. Melissa M Vaidya		Date of Receipt MM / DD / YYYY 09 / 07 / 2012
Mailing Address 1220 E Fletcher St		Transaction ID : 47668586
City Philadelphia	State PA	Zip Code 19125-3504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.42	
Name of Employer Fox Rehab	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	

Full Name (Last, First, Middle Initial) C. Liesa Jo Allen		Date of Receipt MM / DD / YYYY 09 / 01 / 2012
Mailing Address Po Box 1388		Transaction ID : 47668588
City Philadelphia	State MS	Zip Code 39350-1388
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.42	
Name of Employer Mississippi Care Center	Occupation Occupational Therapy Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter John Kennely
Full Name (Last, First, Middle Initial)

Mailing Address 61 Gardner Ave

City Middletown State NY Zip Code 10940-3211

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

Name of Employer ELANT at Fishkill, Inc. Occupation Occupational Therapy Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.96**

Date of Receipt **09 / 10 / 2012**

Transaction ID : 47668594

Amount of Each Receipt this Period **30.44**

B. Mary Margaret Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 1119 Maysville Ave

City Zanesville State OH Zip Code 43701-5557

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

Name of Employer Zane State College Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 10 / 2012**

Transaction ID : 47668595

Amount of Each Receipt this Period **30.42**

C. Janice Diane Hinds
Full Name (Last, First, Middle Initial)

Mailing Address 2467 S Lincoln St

City Denver State CO Zip Code 80210-5016

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

Name of Employer Col Dept of Human Services, Col Mental Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.74**

Date of Receipt **09 / 07 / 2012**

Transaction ID : 47668596

Amount of Each Receipt this Period **30.42**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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	<input type="checkbox"/> 17

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

A. Rita Patricia Fleming-Castaldy
 Full Name (Last, First, Middle Initial)
 Mailing Address 551 Sudbury St
 City Marlborough State MA Zip Code 01752-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Scranton Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.44

Date of Receipt 09 / 09 / 2012
Transaction ID : 47668597
 Amount of Each Receipt this Period 30.38

B. Gail Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 S Elmwood Ave
 City Oak Park State IL Zip Code 60304-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Illinois Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.42

Date of Receipt 09 / 08 / 2012
Transaction ID : 47668598
 Amount of Each Receipt this Period 30.38

C. Theresa McCarty Oster
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 Green St
 City Rockton State IL Zip Code 61072-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara Olson Center of Hope Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 02 / 2012
Transaction ID : 47668601
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.76
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 18 OF 43
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Yvonne Michelle Randall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touro University Nevada Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 03 / 2012
Transaction ID : 47668602
 Amount of Each Receipt this Period 65.00

B. Pamela Ellen Toto
 Full Name (Last, First, Middle Initial)
 Mailing Address 7008 Lyons View Ct
 City Murrysville State PA Zip Code 15668-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pittsburgh Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.78

Date of Receipt 09 / 15 / 2012
Transaction ID : 47668603
 Amount of Each Receipt this Period 30.42

C. Dennis Sullivan Cleary
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 W 10th Ave
 City Columbus State OH Zip Code 43210-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State Univ Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2012
Transaction ID : 47848372
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.42
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cheryl Lanae Ecker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2633 Mayfield Ave
 City La Crescenta State CA Zip Code 91214-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Therapy In Action Occupation: Occupational Therapist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **450.00**

Date of Receipt: 09 / 19 / 2012
Transaction ID : 47848377
 Amount of Each Receipt this Period: 50.00

B. Jo Karen S Werner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2708 Pleasant Valley Rd
 City Fort Collins State CO Zip Code 80521-4083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed Occupational Therapist Occupation: Occupational Therapist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 09 / 17 / 2012
Transaction ID : 47848383
 Amount of Each Receipt this Period: 100.00

C. Diana Rae Davis
 Full Name (Last, First, Middle Initial)
 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 **304.16**

Date of Receipt: 09 / 21 / 2012
Transaction ID : 47848400
 Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional)..... **180.42**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stefanie C Bodison
 Full Name (Last, First, Middle Initial)
 Mailing Address 29104 Firtridge Rd
 City Rancho Palos Verdes State CA Zip Code 90275-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Southern California Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 21 / 2012**
Transaction ID : 47848401
 Amount of Each Receipt this Period **30.42**

B. Esther Bernice Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 McClure St
 City Gonzales State TX Zip Code 78629-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 21 / 2012**
Transaction ID : 47848403
 Amount of Each Receipt this Period **30.42**

C. Harriett Smith Bynum
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Cottonwood Dr
 City Oakdale State PA Zip Code 15071-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kent State University, East Liverpool Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 21 / 2012**
Transaction ID : 47848404
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa J Schubert
Full Name (Last, First, Middle Initial)

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 ▼ **273.78**

Date of Receipt **09 / 20 / 2012**

Transaction ID : 47848406

Amount of Each Receipt this Period **30.42**

B. Carol Siebert
Full Name (Last, First, Middle Initial)

Mailing Address 304 Forbush Mountain Dr

City Chapel Hill State NC Zip Code 27514-1907

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

Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 21 / 2012**

Transaction ID : 47848407

Amount of Each Receipt this Period **30.42**

C. Lisa Kay Iffland
Full Name (Last, First, Middle Initial)

Mailing Address 2417 W Gladys Ave

City Chicago State IL Zip Code 60612-4806

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

Name of Employer Wright College Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 21 / 2012**

Transaction ID : 47848408

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Miss Gretchen Renee Ward
 Full Name (Last, First, Middle Initial)
 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 Self Employed Occupational Therapist Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **273.78**

Date of Receipt **09 / 20 / 2012**
Transaction ID : 47848409
 Amount of Each Receipt this Period **30.42**

B. Trudy E Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 25351 Pioneer Way Nw
 City Poulsbo State WA Zip Code 98370-9577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Health Cooperative Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **212.94**

Date of Receipt **09 / 19 / 2012**
Transaction ID : 47848414
 Amount of Each Receipt this Period **30.42**

C. Carolyn Baum
 Full Name (Last, First, Middle Initial)
 Mailing Address 4444 Forest Park Ave
 City Saint Louis State MO Zip Code 63108-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Univ School of Medicine Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **273.74**

Date of Receipt **09 / 20 / 2012**
Transaction ID : 47848423
 Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **273.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 47848424

Amount of Each Receipt this Period
30.42

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

Mailing Address 4915 Noble St

City Shawnee State KS Zip Code 66226-9797

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

Name of Employer Univ of Kansas Hospital Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : 47848425

Amount of Each Receipt this Period
30.42

Full Name (Last, First, Middle Initial)
C. Amy Gerney

Mailing Address 400 Hartman Rd

City Muncy State PA Zip Code 17756-7464

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

Name of Employer Ithaca College Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : 47899784

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Coralie H Glantz
Full Name (Last, First, Middle Initial)

Mailing Address 1560 Indian Trail Dr

City Riverwoods State IL Zip Code 60015-1627

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

Name of Employer Glantz/Richman Rehabilitation Associat Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **09 / 24 / 2012**

Transaction ID : 47899795

Amount of Each Receipt this Period **30.42**

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

Mailing Address 225 Oregon Rd

City Cheshire State CT Zip Code 06410-1827

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

Name of Employer Yale New Haven Hosp Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 30 / 2012**

Transaction ID : 47899796

Amount of Each Receipt this Period **30.42**

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

Mailing Address 35921 Sarasota Ave

City Denham Springs State LA Zip Code 70706-8633

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

Name of Employer DHH NORTHLAKE SUPPORTS AND SERVICE Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 26 / 2012**

Transaction ID : 47899797

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **91.26**

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

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

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

FOR LINE NUMBER: PAGE 25 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kathleen M Weissberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Beaufort Lane
 City Milford State DE Zip Code 19963-3780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Endura Care Therapy Mgmt Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.74

Date of Receipt 09 / 25 / 2012
Transaction ID : 47899800
 Amount of Each Receipt this Period 30.42

B. Melissa Marie Whelan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Dikeman St Apt 1
 City Brooklyn State NY Zip Code 11231-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCOT Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 313.74

Date of Receipt 09 / 25 / 2012
Transaction ID : 47899801
 Amount of Each Receipt this Period 30.42

C. Sheri Montgomery
 Full Name (Last, First, Middle Initial)
 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 Unita County School Dist #4 Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2012
Transaction ID : 47899804
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sharon Thomson Reitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 York Rd
 City Baltimore State MD Zip Code 21252-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Towson Univ Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 313.74

Date of Receipt 09 / 25 / 2012
Transaction ID : 47899806
 Amount of Each Receipt this Period 30.42

B. Jodie Marie Valls
 Full Name (Last, First, Middle Initial)
 Mailing Address 8503 Callow Court
 City Laredo State TX Zip Code 78045-1983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Laredo Community College Occupation Occupational Therapy Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.74

Date of Receipt 09 / 25 / 2012
Transaction ID : 47899812
 Amount of Each Receipt this Period 30.42

C. Barbara L Patin
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 2292
 City Jasper State TX Zip Code 75951-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christus Jasper Memorial Hosp. Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 09 / 26 / 2012
Transaction ID : 47899821
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.26
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Diana Marie Clarke
Full Name (Last, First, Middle Initial)

Mailing Address 1463 Kingwood Ln

City State Zip Code
Rockvale TN 37153-4078

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

Name of Employer Occupation
NXC Occupational Therapy Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.36

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 47899822

Amount of Each Receipt this Period
30.42

B. Judith Ann Poptanich
Full Name (Last, First, Middle Initial)

Mailing Address 341 Highland Ave

City State Zip Code
Middletown NY 10940-4437

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

Name of Employer Occupation
Walkil School District Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.36

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 47899823

Amount of Each Receipt this Period
30.42

C. Tarrah M Altman
Full Name (Last, First, Middle Initial)

Mailing Address 127 N Hinchman Ave

City State Zip Code
Haddonfield NJ 08033-2725

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

Name of Employer Occupation
Genesis Rehab Service Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.36

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 47899825

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	91.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name (Last, First, Middle Initial)
A. DR Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City Dexter State MI Zip Code 48130-8637

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

Name of Employer Eastern Michigan Univ. and DBA/ AJ Lam Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 24 / 2012**

Transaction ID : 47899852

Amount of Each Receipt this Period **30.42**

Full Name (Last, First, Middle Initial)
B. Mary Teresa Johnston

Mailing Address 2141 S Bentley Ave Apt 108

City Los Angeles State CA Zip Code 90025-5739

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

Name of Employer Masada Homes Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 28 / 2012**

Transaction ID : 47899853

Amount of Each Receipt this Period **30.42**

Full Name (Last, First, Middle Initial)
C. Gretchen Beth Weitemier

Mailing Address 1305 Warm Springs Ave

City Boise State ID Zip Code 83712-8026

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

Name of Employer Idaho Elks Rehab System Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 25 / 2012**

Transaction ID : 47899856

Amount of Each Receipt this Period **91.26**

SUBTOTAL of Receipts This Page (optional).....▶	152.10
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 29 OF 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

A. Full Name (Last, First, Middle Initial)
Key Frances Ampey

Mailing Address 6400 Village Park Dr Apt 102

City W Bloomfield State MI Zip Code 48322-2158

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

Name of Employer Select Rehab. Occupation Occupational Therapy Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : 48035151

Amount of Each Receipt this Period
365.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	4193.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO Box 4418, Mail Code 1948

City Atlanta State GA Zip Code 30302

Purpose of Disbursement
Bank fees on checking account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 47848376

Amount of Each Disbursement this Period

Bank fees on checking account

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

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

Transaction ID : 47867968

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

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

Transaction ID : 47868111

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrow

Mailing Address PO Box 1001

City State Zip Code
Augusta GA 30903

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

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

Transaction ID : 47868112

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

campaign contribution

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doggett For Us Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

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

Transaction ID : 47868113

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

B. Kathy Hochul For Congress

Mailing Address PO Box 64

City Buffalo State NY Zip Code 14231

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rep. Kathleen C. Hochul

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

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

Transaction ID : 47868115

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

C. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Sen. Bill Nelson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

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

Transaction ID : 47868120

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

campaign contribution

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Morgan H. Griffith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868122

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Congressman George Miller

Mailing Address Post Office Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. George Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868125

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Loretta Sanchez

Mailing Address PO Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Loretta Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868127

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3000.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Carolyn McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868130

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868132

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Devin G. Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868135

Amount of Each Disbursement this Period

2000.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Louise McIntosh Slaughter

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 28

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868136

Amount of Each Disbursement this Period

1500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868140

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Robert P. Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868141

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3500.00

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)

<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

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)

Full Name (Last, First, Middle Initial)

A. Judy Biggert For Congress

Mailing Address P.O. Box 4198

City Naperville State IL Zip Code 60567

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Judy Biggert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

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

Transaction ID : 47868142

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

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

Transaction ID : 47868143

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

C. Schiff For Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Adam B. Schiff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

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

Transaction ID : 47868145

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

campaign contribution

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

**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 (AOTPA)

Full Name (Last, First, Middle Initial)

A. Mccaskill For Missouri 2012

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Claire McCaskill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868147

Amount of Each Disbursement this Period

1250.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868149

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Garamendi For Congress

Mailing Address C/O California Political Law, Inc.
3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. John Garamendi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868151

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3250.00

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 38 OF 43
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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

Full Name (Last, First, Middle Initial) A. Mcnerney For Congress		Date of Disbursement <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M</td> <td style="width: 33%; text-align: center;">D D D</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">26</td> <td style="text-align: center;">2012</td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y	09	26	2012
M M M	D D D	Y Y Y Y Y Y						
09	26	2012						
Mailing Address P.O. Box 690371		Transaction ID : 47868153 Amount of Each Disbursement this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table> campaign contribution		1000.00				
	1000.00							
City State Zip Code Stockton CA 95269								
Purpose of Disbursement campaign contribution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">011</td> </tr> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>		011	Category/ Type				
011								
Category/ Type								
Candidate Name Rep. Jerry McNERney								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 11								

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Date of Disbursement <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M</td> <td style="width: 33%; text-align: center;">D D D</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">26</td> <td style="text-align: center;">2012</td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y	09	26	2012
M M M	D D D	Y Y Y Y Y Y						
09	26	2012						
Mailing Address 213 Lisbon St		Transaction ID : 47868154 Amount of Each Disbursement this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table> campaign contribution		1000.00				
	1000.00							
City State Zip Code Lewiston ME 04240								
Purpose of Disbursement campaign contribution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">011</td> </tr> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>		011	Category/ Type				
011								
Category/ Type								
Candidate Name Rep. Michael H. Michaud								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 02								

Full Name (Last, First, Middle Initial) C. Ros-Lehtinen For Congress		Date of Disbursement <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M</td> <td style="width: 33%; text-align: center;">D D D</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">26</td> <td style="text-align: center;">2012</td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y	09	26	2012
M M M	D D D	Y Y Y Y Y Y						
09	26	2012						
Mailing Address PO Box 522784		Transaction ID : 47868155 Amount of Each Disbursement this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table> campaign contribution		1000.00				
	1000.00							
City State Zip Code Miami FL 33152								
Purpose of Disbursement campaign contribution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">011</td> </tr> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>		011	Category/ Type				
011								
Category/ Type								
Candidate Name Rep. Ileana Ros-Lehtinen								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 18								

SUBTOTAL of Disbursements This Page (optional)..... ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">3000.00</td> </tr> </table>		3000.00
	3000.00		
TOTAL This Period (last page this line number only)..... ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
campaigh contribution

011

Category/
Type

Candidate Name

Rep. Tom Marino

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

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

Transaction ID : 47868156

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
campaigh contribution

011

Category/
Type

Candidate Name

Rep. Pete Stark

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

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

Transaction ID : 47868158

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

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

Transaction ID : 47868159

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

campaign contribution

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

4	0	0	.	0	0
---	---	---	---	---	---

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

4	0	0	.	0	0
---	---	---	---	---	---

**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 (AOTPAAC)

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

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

Transaction ID : 47868160

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

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

Transaction ID : 47868162

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

campaign contribution

Full Name (Last, First, Middle Initial)

C. Mccollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Betty McCollum

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

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

Transaction ID : 47868163

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

campaign contribution

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rep. S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868166

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868167

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Whitehouse For Senate

Mailing Address P.O. Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

Sen. Sheldon Whitehouse

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868169

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3000.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. James R. Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

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

Transaction ID : 47868172

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

B. Mccaskill For Missouri 2012

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
campaign contribution

011

Candidate Name

Sen. Claire McCaskill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

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

Transaction ID : 47868175

Amount of Each Disbursement this Period

1	2	5	0	0	0	0	0	0	0

campaign contribution

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

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

Transaction ID : 47868184

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

campaign contribution

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

3	2	5	0	0	0	0	0	0	0

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

3	2	5	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
campaign contribution

011

Candidate Name

Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868225

Amount of Each Disbursement this Period

1500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement
campaign contribution

011

Candidate Name

Ms. L. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 47868836

Amount of Each Disbursement this Period

2000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3500.00

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

54000.00