(Choose One) Report Control (cld) May 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M1) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE (c) 12-Day Primary (12P) General (12G) Runoff (12F (c) 12-Day PRE-Election Convention (12C) Special (12S) (c) 12-Day Primary (12P) General (12G) Runoff (12F (d) 30-Day PRE-Election Convention (12C) Special (12S) (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30) (e) Termination Report Of 7 Of 7 Special (30) The state of 5. Covering Period Og 7 Of 7 2011 through Og 7 2011 Tcertify 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 [Electronically Filed] Date 10 17 2011	Image# 11971636854				PAGE 1 / 24
COMMITTEE (in full) over the times. 12424405 The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC) ADDRESS (number and street) 4720 Montgomery Lane PO Box 31220 Check if different than previously Bethesda Bethesda C Coopessoes 3. IS THIS NEW REPORT (choose One) (a) Quarterly Reports: April 15 Quarterly Reports: April 15 Quarterly Reports: April 15 Quarterly Reports: April 15 Quarterly Report (C1) January 31 Year Only) (MY) Termination Report (C2) Quarterly Report (C2) Quarterly Report (C3) January 31 Year Only) (MY) Termination Report (C2) Quarterly Report (C3) Year Only) (MY) Termination Report (C2) Quarterly Report (C3) Year Only) (MY) Termination Report (C2) Quarterly Report (C3) Year Only) (MY) Ter		ND DISBURSE	MENTS	Office Us	se Only
The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC) ADDRESS (number and steel) 4720 Monigomery Lane Obsch if different ham previously reported. (ACC) PO Box 31220 Bethesda MD 20824-1220 2. FEC IDENTIFICATION NUMBER CITY A STATE A ZIP CODE A 3. IS THIS REPORT NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) (a) Quarterly Reports: Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M1) (a) Quarterly Report (C1) Mar 20 (M4) Jul 20 (M7) Cot 20 (M10) Jul 31 (125) (a) Quarterly Report (C2) October 15 Convention (12C) Special (125) Bunoff (12F) (a) Userfer Report (C2) Special (12C) Special (30G) Runoff (30R) Special (30G) (a) 30-Day PGST-Election General (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) (a) 30-Day PGST-Election General (30G) Runoff (30R) Special (30R) Special (30G) (b) 30-Day PGST-Election on Trivinia A. Metzler					
ADDRESS (number and street) PO Box 3120 Check if different than previously Bethesda PO Box 3120 Bethesda PO Box 3120 Bethesda PO Box 3120 Bethesda Ciccocesaces State A 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ State A ZIP CODE ▲ 3. IS THIS NEW A (Choose One) Net Y (a) Quarterly Reports: Net Y April 15 Ouarterly Report (02) July 15 Ouarterly Report (02) July 15 Ouarterly Report (02) Gataretry Report (02) Prevention January 31 Year-End Report (72) January 31 Feborat (03) January 31 Feborat (04) January 31 Feborat (07) Bethestion General (12C)				on Committee (A	
ADDRESS (number and street) PO Box 3120 Check if different than previously Bethesda PO Box 3120 Bethesda PO Box 3120 Bethesda PO Box 3120 Bethesda Ciccocesaces State A 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ State A ZIP CODE ▲ 3. IS THIS NEW A (Choose One) Net Y (a) Quarterly Reports: Net Y April 15 Ouarterly Report (02) July 15 Ouarterly Report (02) July 15 Ouarterly Report (02) Gataretry Report (02) Prevention January 31 Year-End Report (72) January 31 Feborat (03) January 31 Feborat (04) January 31 Feborat (07) Bethestion General (12C)					
Check if different there with the provided in the provided in the state of th	ADDRESS (number and street)				
C C00089086 3. IS THIS NEW AMENDED 4. TYPE OF REPORT (h) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M8) (a) Quarterly Reports: (h) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Quarterly Report (Q1) July 15 Quarterly Report (Q2) Ocusaterly Report (Q3) July 31 Mid-Year PRE-Election Report (Nor Election Guarterly Report (Q3) July 31 Mid-Year Report (Nor Election Report for the: Convention (12C) Special (12S) (a) 30-Day PRE-Election General (30G) Runoff (30R) Special (30) (TER) Termination Report (TER) 01 2011 through 99 30 2011 5. Covering Period 09 01 2011 through 99 30 2011 Icertify 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 Treasure Christina A. Mettler [Electronically Filed] Date 10 17 2011	Check if different than previously			MD 20824	└──└──└──└──└──└──└──└──└──└──└──└──└──
C LUUUSUUS REPORT (N) OR (A) 4. TYPE OF REPORT (Choose One) (a) Manthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M (More filedule) (More filedule) (a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dac 20 (M1) Jun 31 (YE (a) Quarterly Report (Q1) July 15 Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE (b) Quarterly Report (Q2) Quarterly Report (Q2) PRE-Election Report (for the: Convention (12C) Special (12S) Runoff (12F (c) 12-Day PRE-Election Report (for the: Convention (12C) Special (12S) In the State of Special (30G) (d) 30-Day Report for the: General (30G) Runoff (30R) Special (30G) 5. Covering Period 09 01 2011 through 09 30 2011 1 Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. 10 17 2011 Ype or Print Name of Treasurer </td <td>2. FEC IDENTIFICATION NUMB</td> <td>ER ▼ CITY ▲</td> <td>:</td> <td>STATE</td> <td>ZIP CODE</td>	2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲	:	STATE	ZIP CODE
(Choose One) (a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M1) (a) Quarterly Report (Q1) July 15 Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE (c) 12-Day Primary (12P) General (12G) Runoff (12F Quarterly Report (Q2) October 15 Courterly Report (Q3) PRE-Election Convention (12C) Special (12S) January 31 Year-End Report (YE) July 15 Mid-Year Report for the: Convention (12C) Special (12S) July 31 Mid-Year Report (Nor-election General (30G) Runoff (30R) Special (30) Year Chilly (MY) Termination Report (TER) Election on General (30G) Runoff (30R) Special (30) 5. Covering Period 09 01 2011 through 09 30 2011 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 [Electronically Filed] Date 10 17 2011	С сооовеове		V		
Report (Non-election Year Only) (MY) Termination Report (TER) POST-Election Report for the: General (30G) Runoff (30R) Special (30C) 5. Covering Period 09 01 2011 through 09 2011 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 [Electronically Filed] Date 10 17 2011	 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 	Report Due On: (c) 12-Day PRE-Election Report for the:	3) Jun 20 (M6) 4) Jul 20 (M7) Primary (12P) Convention (12C)	Sep 20 (M9) Cot 20 (M10) General (12G) Special (12S)	in the
5. Covering Period 09 01 2011 through 09 30 2011 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 10 17 2011	Report (Non-election Year Only) (MY) Termination Report	POST-Election Report for the:		Runoff (30R)	
Type or Print Name of Treasurer Christina A. Metzler Signature of Treasurer Christina A. Metzler [Electronically Filed] Date	5. Covering Period 09	01 2011	through 09	3020'	11
Signature of Treasurer Christina A. Metzler [Electronically Filed] Date 10 17 2011	-		nowledge and belief it is tru	e, correct and comple	le.
	Signature of Treasurer	A. Metzler	[Electronically Filed]		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437c Office Use BEC FORM 3X Rev. 12/2004	Office	, or incomplete information may	subject the person signing th	FEC	FORM 3X

10/17/2011 16 : 26

Image#	11	1971	636	855
--------	----	------	-----	-----

	SUMMARY PAGE	
C	OF RECEIPTS AND DISBURSEMENTS	

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

R	eport Covering the Period: From:	M / D D / Y Y Y Y 01 2011	To: 09 30 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		73996.72
	(b) Cash on Hand at Beginning of Reporting Period	43460.72	
	(c) Total Receipts (from Line 19)	9560.44	141616.91
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53021.16	215613.63
7.	Total Disbursements (from Line 31)	18063.00	180655.47
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34958.16	34958.16
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

X

Image#	11971	636856
mayom		000000

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 06/2004)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC) М M D D Y Y MM 09 30 2011 Report Covering the Period: 09 01 2011 From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 28669.23 2027.49 (i) Itemized (use Schedule A)..... 112805.05 (ii) Unitemized 7528.08 (iii) TOTAL (add 141474.28 9555.57 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 141474.28 9555.57 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 Party Committees..... 0.00 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 Political Committees..... 0.00 17. Other Federal Receipts 142.63 (Dividends, Interest, etc.)..... 4.87 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)).. 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))...... 9560.44 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)►

9560.44

	,		7	141616.91
Į,		Į,		141616.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. 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	344.00	2506.47				
(c) Total Operating Expenditures	244.00					
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	344.00	2506.47				
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	22500.00	181700.00				
Independent Expenditures (use Schedule E)	0.00	0.00				
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	0.00	910.00				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	910.00				
Other Disbursements	-4781.00	-4461.00				
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(b) Federal Election Activity Paid Entirely	0.00	0.00				
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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18063.00	180655.4				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	18063.00	180655.47				

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9555.57	141474.28
 Total Contribution Refunds (from Line 28(d)) 	0.00	910.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9555.57	140564.28
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	344.00	2506.47
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	344.00	2506.47

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

24

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	I Statements may not be sold or used by any put he name and address of any political committee	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) The American Occupational T	herapy Association, Inc. Political	Action Committee (AOTPAC)					
Full Name (Last, First, Middle Initial) 4. Jennifer C Johnson		Date of Receipt					
Mailing Address 1126 N Cedar St		09 06 / Y Y Y Y Y 09 06 2011					
City Abilene	State Zip Code KS 67410-2022	Transaction ID : 42194001					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00					
Name of Employer	Occupation	_					
Hoover Bachman Assoc Receipt For:	Occupational Therapist						
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00						
Full Name (Last, First, Middle Initial) 3. Jill J Glinka	Date of Receipt						
Mailing Address 5316 Sw Lincolnshire Cir	09 06 2011						
City Topeka	StateZip CodeKS66610-9662	Transaction ID : 42194002 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer USD 501	Occupation Occupational Therapist						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00						
Full Name (Last, First, Middle Initial) C. Tammy Marie Hart		Date of Receipt					
Mailing Address 309 S Hillcrest Dr		09 12					
City Sulphur Springs	State Zip Code TX 75482-3648	Transaction ID : 42194073 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
Heritage Nursing Home and DBA Tamkev,							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00						
	er only)	665.00					

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a	11b	11c	12	17			
	y information copied from such Reports and s for commercial purposes, other than using the			erson for the	purpose c	f solicitin	g contrib	utions			
	NAME OF COMMITTEE (In Full) The American Occupational Th	erapy Ass	sociation, Inc. Political	Action C	ommitte	e (AC	TPAC	;)			
Α.	Full Name (Last, First, Middle Initial) Mary Anne Weiler			Date o	of Receipt						
	Mailing Address 463 W Kemper Rd			0.9	/ D		2011	Y			
	City Cincinnati	State OH	Zip Code 45246-3001		saction ID nt of Each		32	d			
	FEC ID number of contributing federal political committee.	С				7	5	7.50			
	Name of Employer	Occupation	1								
	Quality Care	Occupation	al Therapy Assistant								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.50								
В.	Full Name (Last, First, Middle Initial) Zoe Mailloux	Date c	of Receipt								
	Mailing Address 407 Camino De Encanto	M N 09	M M / D D / Y Y Y Y								
	City Redondo Beach	State CA	Zip Code 90277-6530		Transaction ID : 42207933 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			7	7	15	0.00			
	Name of Employer Pediatric Therapy Network	Occupation Occupation									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
_	Full Name (Last, First, Middle Initial) Mr. Scott David Nordquist		, ,	Date c	of Receipt						
0.	Mailing Address 11874 Canterbury Dr.			09			2011	Y			
	City Sterling Heights	State MI	Zip Code 48312-3019		saction ID			d			
	FEC ID number of contributing federal political committee.	С					3	0.38			
	Name of Employer	Occupation									
	St. John's Hospital	Occupation	al Therapy Assistant								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 273.74								
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				· · · ·		23	7.88			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 8 OF

24

			Detailed Summary Page	2	< 11a	_	11b 14	11c	12	47					
Ar	ny information copied from such Reports and S	statements ma	ay not be sold or used by any pe	erson	13 for the	pur		15 soliciting	16 g contribu	tions					
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to se	olicit co	ntrib	utions fi	rom sucl	n commit	tee.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		posistion Inc. Dolitical	۸ ۵۱ :		~~	mitta								
\bigvee	The American Occupational The		ACU		om	millee	e (AU	IPAC)							
_	Full Name (Last, First, Middle Initial) Sharon Leslye Carter				Data	(
Α.	Mailing Address 4013 W 138th Ter			_	Date of Receipt										
					09		04	/ Ү	2011	Y					
	City	State	Zip Code		Trans	sact	ion ID :	4220794							
	Leawood	KS	66224-3009	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.38											
	Name of Employer	Occupation													
	Metropolitan Community College	Occupation	al Therapist												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		273.74												
			7 7												
в	Full Name (Last, First, Middle Initial) Rita Patricia Fleming-Castaldy			Date of Receipt											
	Mailing Address 551 Sudbury St														
			09 09 2011												
	City	State MA	Zip Code 01752-1656	Transaction ID : 42207943											
	Marlborough	IVIA	01752-1656	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.39											
	Name of Employer	Occupation													
	University of Scranton Receipt For:	Occupation	•	_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		313.51												
с.	Full Name (Last, First, Middle Initial) Catherine Patricia Brady				Date o	f Re	ceipt								
	Mailing Address 24409 S Meadowood Rd				M M	/		/ Y	2011	Y					
	City	State	Zip Code	_	09 Trans	sact	04 ion ID :	4220795	2011 3						
	Crete	IL	60417-9715						is Period						
	FEC ID number of contributing	0							20).42					
	federal political committee.	С			<u> </u>	-	7	7	30).42					
	Name of Employer														
	Governors State University														
	Receipt For:	Aggregate													
	Other (specify)		298.78												
			/J /J /#	-											
s	UBTOTAL of Receipts This Page (optional)		····· •	- -		-	7	7	91	.19					

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

1.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 9 OF

			Detailed Summary Page	2	< 11a		11b	о _	11c		12							
A	unformation conical from such Density - 10	toton			13		14		15		16	17						
	y information copied from such Reports and S for commercial purposes, other than using the																	
\setminus	NAME OF COMMITTEE (In Full)																	
	The American Occupational The	sociation, Inc. Political	Acti	on C	om	nmit	ttee	e (AO	TP	AC)								
Α.	Full Name (Last, First, Middle Initial) Theresa Mccarty Oster				Date of	of Re	eceip	ot										
	Mailing Address 624 Green St							M = M / D = D / Y = Y = Y = Y										
	City	State	Zip Code	_	09		tion	06	4220795		011	_						
	Rockton	IL	61072-2110						eceipt th		Period							
	FEC ID number of contributing federal political committee.	С					7		7	_	30.	42						
	Name of Employer	Occupation	1															
	Barbara Olson Center of Hope	Occupation	al Therapist															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		273.78															
	Full Name (Last, First, Middle Initial) Regina Smith				Date of	of Re	eceip	ot										
	Mailing Address 9410 S Bell Ave						M M / D D / Y Y Y Y Y 09 06 _2011 _											
	City		Transaction ID : 42207955															
	Chicago	IL 60643-6743									Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					7		7	_	30.	46						
	Name of Employer Chicago State University	Occupation	al Therapist															
	Receipt For:		•	_														
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 274.14															
— c.	Full Name (Last, First, Middle Initial) Christine Lynn Kroll				Date of	of Re	eceip	ot										
	Mailing Address 1528 Chase Blvd				м – 1 09	Л	/ D	<u>1</u> 0	/ Y		D11	Y						
	City	State	Zip Code		Tran	sac	tion	ID : 4	4220798	37								
	Greenwood	IN	46142-1559	_	Amour	nt of	Eac	ch Re	eceipt th	nis F	Period							
	FEC ID number of contributing federal political committee.	С					7		,	_	30.	42						
	Name of Employer	\neg																
	Healthcare Therapy Service																	
	Receipt For:																	
	Primary General		070 74															
	Other (specify)		273.74															
s	JBTOTAL of Receipts This Page (optional)			•			7				91.:	30						
т	OTAL This Period (last page this line number	only)	·····	- •														

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

24

	ED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	OF COMMITTEE (In Full) American Occupational Th	nerapy Ass	sociation, Inc. Political	Action Committee (AOTPAC)
A. Barba Mailing City Bowlin FEC ID federal Name o Owens Receipt	me (Last, First, Middle Initial) ara A Seguine Address 1608 Waterford Dr g Green number of contributing political committee. of Employer Community College t For: rimary General Other (specify) v	·	Zip Code 43402-1567 al Therapy Assistant Year-to-Date ▼ 273.74	Date of Receipt 09 10 2011 Transaction ID : 42207988 Amount of Each Receipt this Period 30.42
B. Chris	me (Last, First, Middle Initial) tina Sue Griffin Address 13605 N. 111th Ave.	·		Date of Receipt
City Sun Cit FEC ID	ty number of contributing	State AZ	Zip Code 85351-2513	Transaction ID : 42207989 Amount of Each Receipt this Period 30.42
Name of A.T. Sti Receipt		Occupation Occupation		
c. Shel	me (Last, First, Middle Initial) ley Wallock Address 1519 Spruce St			Date of Receipt
City Philade FEC ID	elphia	State PA	Zip Code 19102-4577	09 10 2011 Transaction ID : 42207990 Amount of Each Receipt this Period 30.42
Name of Thoma Receipt	political committee. of Employer s Jefferson Univ t For: rimary General	·	al Therapist Year-to-Date ▼	
	ther (specify) ▼ AL of Receipts This Page (optional)		274.00	91.26

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

FEC Schedule A (Form 3X) Rev. 02/2003

100

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

24

	Detailed Summary Page	$\begin{array}{ c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such R	eports and Statements may not be sold or used by any	person for the purpose of soliciting contributions
or for commercial purposes, other th	nan using the name and address of any political commit	tee to solicit contributions from such committee.
angle The American Occupa	tional Therapy Association, Inc. Politica	al Action Committee (AOTPAC)
Full Name (Last, First, Middle Ini A. Mary Patricia Shotwell	tial)	Date of Receipt
Mailing Address 3463 Crown Dr		09 03 2011
City	State Zip Code	Transaction ID : 42207997
Gainesville	GA 30506-1407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer	Occupation	
Brenau University	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	273.60	
Full Name (Last, First, Middle Ini B. Yvonne Michielle Randall	tial)	Date of Receipt
Mailing Address 6576 Appletree C	Cir	09 03 2011
City	State Zip Code	Transaction ID : 42207999
Las Vegas	NV 89103-4325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Touro University Nevada	Occupational Therapist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	
Full Name (Last, First, Middle Ini C. Stephanie Singleton	tial)	Date of Receipt
Mailing Address 2917 Santa Mon		09 10 / Y Y Y Y Y 2011
City Albuquerque	State Zip Code NM 87106-2962	Transaction ID : 42208000
	0/100-2302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer	Occupation	
Presbyterian Home Health Svcs	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	343.74	
SUBTOTAL of Receipts This Page	(optional)	120.84
TOTAL This Period (last page this	line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 12 OF

24

			Detailed Summary Page	2	< 11a		11b	11c	12	
	ny information panied from such Describer 10	laton ant	w not be cold as used by ser		13	<u> </u>	14	15	16	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	name and a	ay not be sold or used by any pe ddress of any political committee	to so	for the plicit co	pur ntrib	pose of outions	from suc	h commi	itions ttee.
$\left \right\rangle$					~		•••	(10	TD 4 0	、
	The American Occupational The	erapy Ass	sociation, Inc. Political A	Acti	on Co	bm	mitte	e (AO	TPAC)
Α.	Full Name (Last, First, Middle Initial) Mrs. Donna C Flowers				Date of	Re	eceipt			
	Mailing Address 6306 Walnut Bend Ter				м м 09	/	10		2011	Y
	City	State	Zip Code			act		4220800		
	Midlothian	VA	23112-2391	_	Amoun	t of	Each F	Receipt th	nis Perio	b
	FEC ID number of contributing federal political committee.	С					g		3	0.42
	Name of Employer	Occupation								
	Amedisys Home Health Care	Occupation	al Therapist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	00 0								
	Other (specify)		274.00							
_	Full Name (Last, First, Middle Initial) Peter John Kennelty				Data a		agint			
D.	Mailing Address 61 Gardner Ave			_	Date of	ne				
	Maining Address 61 Gardner Ave				09	1	10		_2011	Y
	City	State	Zip Code			acti		4220800		
	Middletown	NY	10940-3211					Receipt th		b
	FEC ID number of contributing federal political committee.	С					, .		30).44
	Name of Employer	Occupation								
	ELANT at Fishkill, Inc.	Occupation	al Therapy Assistant							
	Receipt For:	-	Year-to-Date ▼							
	Primary General	, iggi oguto								
	Other (specify)	L	213.08							
<u>с</u> .	Full Name (Last, First, Middle Initial) Rebecca E Argabrite Grove				Date of	Re	eceipt			
	Mailing Address 41718 Browns Farm Lane				м м 09	1	13		2011	Y
	City	State	Zip Code		Trans	act	ion ID :	422080	03	
	Leesburg	VA	20176-6026		Amoun	t of	Each F	Receipt th	nis Perio	ł
	FEC ID number of contributing federal political committee.	С							3	0.42
	Name of Employer	Occupation								
	Loudoun County Public Schools Receipt For:		al Therapist	_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		273.78							
			gg							
s	UBTOTAL of Receipts This Page (optional)		•				,	- 7	9	.28

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

FEC Schedule A (Form 3X) Rev. 02/2003

100

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

24

			Detailed Summary Page		< 11a		11b	11c		12	_
_					13		14	15		16	17
	y information copied from such Reports and for commercial purposes, other than using the										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			• •	~		•				
	The American Occupational Th	nerapy As	sociation, Inc. Political	Acti	on C	om	mitte	e (AO	1P 	'AC)	
Α.	Full Name (Last, First, Middle Initial) Linda Coogle Stephens				Date o	of Re	eceipt				
	Mailing Address 2361 Fairoaks Rd				M N	/				Y 1	Y
	City	State	Zip Code		09 Tran	sact	08 tion ID	4220800		2011	
	Decatur	GA	30033-1207					Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7		_	30.	42
	Name of Employer	Occupation									
	Retired	Occupation	al Therapist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		283.78								
В.	Full Name (Last, First, Middle Initial) Gloria R Lucker				Date c	of Re	eceipt				
	Mailing Address 2495 Main St Ste 234				M N 09	/	17		2(011	Y
	City	State	Zip Code		Trans	sact	ion ID :	4220800)5		
	Buffalo	NY	14214-2152		Amour	nt of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,	5	_	30.	42
	Name of Employer DBA Optimal Therapy Associates Service	Occupation Occupation	al Therapist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		273.78								
<u>с</u> .	Full Name (Last, First, Middle Initial) Mary Margaret Arnold	1			Date o	of Re	eceipt				
	Mailing Address 1119 Maysville Ave				м – м 09	Л /	10			011	Y
	City Zanesville	State OH	Zip Code 43701-5557					422080			
			43701-3337	_	Amour	nt of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С			Ľ		7		_	30.	.42
	Name of Employer	Occupatior	1								
	Zane State College	Occupation	al Therapist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		283.78	11							
			7	4							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				- 7	-	91.2	26
т	OTAL This Period (last page this line numbe	r only)			L		,				

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 14 OF

••			Detailed Summary Page		-		11b	11c		12	
Δ٢	ny information copied from such Reports and	Statements m	av not be sold or used by any n	erson	13 for the		14 nose of	15 f solicitin		16 ntributi	17 ions
	for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)				_						
	The American Occupational Th	nerapy As	sociation, Inc. Political	Actio	on C	om	mitte	e (AO	·ΤΡ	'AC)	
^	Full Name (Last, First, Middle Initial) Janice Diane Hinds				Date c	f Da	agint				
А.	Mailing Address 2467 S Lincoln St			-	Dale C		ceipi			Y	V
					09		07			2011	
	City	State	Zip Code					422080			
	Denver	CO	80210-5016	_	Amour	t of	Each F	Receipt tl	his F	² eriod	
	FEC ID number of contributing federal political committee.	С					7		_	30.	42
	Name of Employer	Occupation	1								
	Col Dept of Human Services, Col Mental	Occupation	al Therapist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		333.32	11							
В.	Full Name (Last, First, Middle Initial) Gail Fisher				Date c	f Re	eceipt				
	Mailing Address 1003 S Elmwood Ave				M	/	DI	D / Y	Y	Y	Y
	<u></u>	State	Zip Code	_	09	4	08			011	
	City Oak Park	IL	60304-2109					4220800 Receipt tl		Poriod	
	FEC ID number of contributing				Amour		Lacini		113 1	enou	
	federal political committee.	С			L.		7		-	30.3	38
	Name of Employer University of Illinois	Occupation									
	Receipt For:	·	al Therapist	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		323.42								
C.	Full Name (Last, First, Middle Initial) Gerri Ann Duran				Date c	f Re	eceipt				
•	Mailing Address 4920 Calle De Tierra Ne				M N 09	_	11			011	Y
	City	State	Zip Code		Tran	sact	ion ID :	: 422080	09		
	Albuquerque	NM	87111-2927	_	Amour	it of	Each F	Receipt th	his F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	30.	42
	Name of Employer	Occupation	1	_							
	Self Employed Occupational Therapist	Occupation	al Therapist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		273.78	11							
			/j/ // // //								
s	UBTOTAL of Receipts This Page (optional)					Ţ			T	91.2	22
\vdash			_	<u> </u>	÷	,	- 7	+			
T	OTAL This Period (last page this line numbe	r only)	•••••••••••••••••••••••••••••••••••••••	*	<u> </u>		7		_		

SCHEDULE A (FEC Form 3X) DEAE

FOR LINE NUMBER:

PAGE 15 OF

24

ITEMIZ	ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	<u>`</u> _	ieck onl 11a 13	y or	ie) 11b 14	11c		12 16	17
Any inform	mation copied from such Reports and nmercial purposes, other than using the	Statements mane and a	ay not be sold or used by any po ddress of any political committee	erson	for the	purp ntrib	oose of	solicitin	g cont	tributi	ons
	OF COMMITTEE (In Full)										
	American Occupational Th	nerapy Ass	sociation, Inc. Political	Acti	on Co	om	mitte	e (AO	TPA	۹C)	
	ame (Last, First, Middle Initial)										
· ···	Rowe				Date of		ceipt	_			
wanng	g Address 1530 3rd Ave S				09	1	04) / Y	201	1 1	Y
City		State	Zip Code	_		acti	-	422080 ⁻			
Birmir	ngham	AL	35294-0002	_	Amoun	t of	Each F	Receipt tl	his Pe	eriod	
	D number of contributing I political committee.	С					7			30.4	42
Name	of Employer	Occupation	l								
	f Alabama @ Birmingham	Occupation	al Therapist								
Receip		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) v		313.78								
			/J // // //								
	ame (Last, First, Middle Initial) Iklin H Coulman				Date o	f Re	ceipt				
Mailing	g Address 703 Sycamore St				м м 09	/	21) / Y	201	Y 1	Y
City		State	Zip Code			acti		4221160	201	1	
Weldo	n	NC	27890-1831					Receipt th		eriod	
	D number of contributing I political committee.	С					,			30.3	38
	of Employer	Occupation	l								
	ke Rapids Schools	Occupation	al Therapist								
Receip		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) v		273.74								
	ame (Last, First, Middle Initial) nifer Lee Mclaughlin	I			Date o	f Re	ceipt				
Mailing	Address 105 Ruth Ellen Ct S				м – м 09	/	21) / Y	201		Y
City		State	Zip Code			sacti		422116			
Newa	rk	DE	19711-8511	_	Amoun	t of	Each F	Receipt tl	his Pe	riod	
	D number of contributing I political committee.	С					,			30.4	42
Name	of Employer	Occupation									
PUMH		Occupation	al Therapist								
Receip		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) v		357.52								
			7								
SUBTOT	FAL of Receipts This Page (optional)			<u> </u>			3	- 7		91.2	22

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

10

.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 16 OF

24

		Detailed Summary Page		(11a		11b	11c	12						
				13		14	15	16	17					
Any information copied from such Report or for commercial purposes, other than u														
NAME OF COMMITTEE (In Full)	-													
The American Occupation	al Therapy As	sociation, Inc. Political	Actio	on Co	omn	nitte	e (AO	TPAC)	1					
Full Name (Last, First, Middle Initial) A. Kelly Michelle Alig			Date of Receipt											
Mailing Address 1900 Gravier St Office	e 801			M M	/	DE	D / Y	Y Y	Y					
City	State	Zip Code		09		20		2011						
New Orleans	LA	70112-2262					: 4221162 Receipt th							
FEC ID number of contributing federal political committee.	C			Amoun		.acii i).42					
Name of Employer	Occupation	1												
Louisiana State University HSC New O		al Therapist												
Receipt For:		Year-to-Date ▼												
Primary General			11.											
Other (specify)		273.68												
Full Name (Last, First, Middle Initial) B. Esther Bernice Bell				Date of	f Rec	eint								
Mailing Address 203 Mcclure St				09		21		2011	Y					
City	State	Zip Code		Trans	actio		4221162							
Gonzales	TX	78629-4213		Amoun	t of E	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C				. ,			30	.42					
Name of Employer	Occupatior	1												
Retired	Occupation	al Therapist												
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		, 212.52]											
Full Name (Last, First, Middle Initial) C. Sharon Thomson Reitz				Date of	f Rec	ceipt								
Mailing Address 8000 York Rd				м м 09	/	21		ү ү 2011	Y					
City	State	Zip Code		Trans	sactio	on ID :	: 4221163	7						
Towson	MD	21252-0001		Amoun	t of E	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C					,		30).42					
Name of Employer	Occupatior	1	\neg											
Towson Univ	Occupation	al Therapist												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify)		222.52	1											
			┛╢╴											
SUBTOTAL of Receipts This Page (opti	onal)					,		91.	.26					

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

100

SCHEDULE A (FEC Form 3X) ľ

FOR LINE NUMBER:

PAGE 17 OF

24

IT.			Use separate schedule(s)	(c	heck on	ly one)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c	12	17
Ar	ny information copied from such Reports and for commercial purposes, other than using t	I Statements ma	l ay not be sold or used by any ddress of any political committe	perso	n for the	purpose c	of soliciting	g contribut	tions
	NAME OF COMMITTEE (In Full)								
	The American Occupational T	herapy Ass	sociation, Inc. Politica	I Act	tion Co	ommitte	ee (AO	TPAC)	
Α.	Full Name (Last, First, Middle Initial) Emily S Pugh				Date o	f Receipt			
	Mailing Address 1744 Nw 7th Pl				м – м 09	/ D		2011	Y
	City	State	Zip Code		Trans	saction ID	: 4221164	.0	
	Gainesville	FL	32603-1221		Amoun	t of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						30	.42
	Name of Employer	Occupation							
	Univ of Florida Receipt For:		al Therapist						
	Primary General	Aggregate	Year-to-Date ▼	- 1					
	Other (specify)		334.58	4					
В.	Full Name (Last, First, Middle Initial) Lisa J Schubert				Date o	f Receipt			
	Mailing Address 18 Shoal Creek Fls				M M	/ D		2014	Y
	City	State	Zip Code		09 Trans	20 saction ID		2011 1	
	Signal Mtn	TN	37377-3141			t of Each			
	FEC ID number of contributing federal political committee.	C						30.	42
	Name of Employer	Occupation	1						
	University of Tennessee Health Science	Occupation	al Therapist						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		273.78						
-	Full Name (Last, First, Middle Initial) Miss Gretchen Renee Ward				Date o	f Receipt			
0.	Mailing Address 62 W 107th St Apt 6d				09			2011	Y
	City New York	State NY	Zip Code 10025-3206		Trans	saction ID	: 4221164	17	
			10023-3200		Amoun	t of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						30	.42
	Name of Employer	Occupation	I						
	Self Employed Occupational Therapist	Occupation	al Therapist						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		273.74						
5	UBTOTAL of Receipts This Page (optional).			•				91.	26

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

24

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The American Occupational T	herapy As:	sociation, Inc. Political	Action Committee (AOTPAC)
Full Name (Last, First, Middle Initial) Dr Amy Jo Lamb Mailing Address 7024 N Meadows Way City Dexter FEC ID number of contributing federal political committee. Name of Employer DBA/ AJ Lamb Consulting Receipt For: Primary General Other (specify)		Zip Code 48130-8637 al Therapist Year-to-Date ▼ 273.78	Date of Receipt
Full Name (Last, First, Middle Initial) Carolyn Baum Mailing Address 4444 Forest Park Ave City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Washington Univ School of Medicine Receipt For: Primary General Other (specify) ▼	·	Zip Code 63108-2212 al Therapist Year-to-Date ▼ 273.74	Date of Receipt
Full Name (Last, First, Middle Initial) C. Linda Sue Riccio Mailing Address 8256 La Habra Lane City Indianapolis FEC ID number of contributing federal political committee. Name of Employer People First Rehab. Receipt For: Primary General Other (specify) ▼		Zip Code 46236-8574 al Therapist Year-to-Date ▼ 273.78	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			91.26

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) The American Occupational The	erapy Association, Inc. Political	Action Committee (AOTPAC)
Full Name (Last, First, Middle Initial) Bruce Allan Haack Mailing Address 13604 Ne 42nd Ave City Vancouver FEC ID number of contributing federal political committee. Name of Employer Salmon Creek Children's Therapy Receipt For: Primary General Other (specify) ▼	State Zip Code WA 98686-2606 C Occupation Occupation Occupational Therapist Aggregate Year-to-Date ▼ 212.94	Date of Receipt
Full Name (Last, First, Middle Initial) B. Miss Mary Hendricks Mailing Address Po Box 56 107 Willing Street City Llewellyn FEC ID number of contributing federal political committee. Name of Employer Magee Rehabilitation Hosp. Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17944-0056 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 374.14 374.14	Date of Receipt 09 28 2011 Transaction ID : 42330516 Amount of Each Receipt this Period 30.46
Full Name (Last, First, Middle Initial) C. Faustina Yawa Adza Mailing Address 7 Marino Blvd City Pomona FEC ID number of contributing federal political committee. Name of Employer DBA Basic Blocks Therapeurtrics Receipt For: Primary General Other (specify) ▼	State NY Zip Code 10970-3707 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 273.74	Date of Receipt 09 26 2011 Transaction ID : 42330520 Amount of Each Receipt this Period 30.38
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	91.26

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 20 OF 24									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	y one)	24 25 26									
	Detailed Summary Page	27	28a 28b	28c 29 30t									
Any information copied from such Reports and State or for commercial purposes, other than using the na													
The American Occupational Thera	py Association, Inc.	Political A	ction Committee	(AUTPAC)									
Full Name (Last, First, Middle Initial)			Date of Disbursemer	at									
A. SunTrust Bank				/ Y Y Y Y									
Mailing Address PO Box 4418, Mail Code 1948			09 20 2011										
City Atlanta	State Zip Code GA 30302		Transaction ID : 42180488										
Purpose of Disbursement	50302		-										
bank fees on account		001	Amount of Each Disk	bursement this Period									
Candidate Name		Category/ Type		344.00									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		bank fees on account	,									
State: District:													
Full Name (Last, First, Middle Initial)													
В.			Date of Disbursemer	nt / Y Y Y Y									
Mailing Address													
City	State Zip Code												
Purpose of Disbursement		· · · ·]	Amount of Each Dist	bursement this Period									
Candidate Name		Category/											
Office Cought Llouge Dishurse		Туре											
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼												
State: District:	·												
Full Name (Last, First, Middle Initial)			Date of Disbursemer										
Mailing Address													
City	State Zip Code												
Purpose of Disbursement		· · · ·]											
Candidate Name		Category/ Type	Amount of Each Dist	bursement this Period									
Senate President	ment For: Primary General Other (specify) ▼												
State: District:													
SUBTOTAL of Disbursements This Page (optional).		•••••		344.00									
TOTAL This Period (last page this line number only)			344.00									

SCHEDULE B (FEC Form 3X)		FOR LI	NE NUI	MBER:			PAG	iE 21	OF	24
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check	·				~ .			
	Detailed Summary Page		21b	22) 28a	23 28b		24 28c	25 29		26 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	I ments may not be sold or use ne and address of any politic	ed by any p	person f	or the pu	urpose c	of sol	liciting	contribu	utions tee.	
NAME OF COMMITTEE (In Full)										
angle The American Occupational Thera	py Association, Inc.	Political	Actic	on Cor	nmitte	ee ((AO	TPAC)	
Full Name (Last, First, Middle Initial)	NC)		[Date of E	Disburse	ment	t			
Mailing Address 310 First St., SE	····· ,		- 1	м м 09	/ D 09		/ Y	2011	Y	
City	State Zip Code		+						_	
Washington	DC 20003			Transac	ction ID	: 420	00736	0		
Purpose of Disbursement campaign contribution		011		Amount c	of Each	Disb	ursem	ent this	Perio	od
Candidate Name		Category/ Type						1500	0.00	٦.
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	<u> </u>	c	ampaign	contribu	ition	,			
State: District: Full Name (Last, First, Middle Initial)										
Bob Filner For Congress			[Date of E		_				
Mailing Address 20 Galli Drive Suite A				м м 09	2		/ Y	2011	Y	
City Novato	State Zip Code CA 94949			Transad	ction ID	: 422	21366	6		
Purpose of Disbursement campaign contribution to retire debt for 2012 prima	ry	011		Amount c	of Each	Disb	ursem	ent this	Perio	od
Candidate Name		Category						000	0.00	
Rep. Bob Filner		Туре					7	200	0.00	_
Senate President	ment For: 2012 Primary General Other (specify) ▼		c	ampaign	ı contribu	ution	to reti	re debt f	or 20	12 prir
State: CA District: 51 Full Name (Last, First, Middle Initial)										
 Allyson Schwartz For Congress 			1	Date of E				YY		
Mailing Address P.O. Box 2232				м м 09	29		/ Y	2011	Y	
 City Jenkintown	State Zip Code PA 19046			Transad	ction ID	: 422	21366	8		
Purpose of Disbursement campaign contribution		011	1.			D . 1			. .	
Candidate Name		Category	- 1 - L	Amount c	of Each	Disb	ursem			od
Rep. Allyson Y. Schwartz		Туре					7	100	0.00	
Senate President	ment For: 2012 Primary General Other (specify) ▼		с	ampaign	contribu	ition				
State: PA District: 13						_	_		_	_
SUBTOTAL of Disbursements This Page (optional)							7	18000	0.00	
TOTAL This Period (last page this line number only)						,			

S	CHEDULE B (FEC Form 3X)			F	ואכ			٨.			PAGE	22	OF 24				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			OR LINE NUMBER: check only one)												
			Summary Page		$\left \right $	21b 27	22 28a	×	23 28b		4 8c	25 29	26 30b				
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and ado	not be sold or us dress of any polition	ed by cal con	any nmitt	persor tee to	n for the solicit co	e pur ontrib	pose outions	of solio s from	iting such	contribu commit	tions tee.				
\backslash	NAME OF COMMITTEE (In Full)																
	The American Occupational Thera	py Asso	ociation, Inc.	Polit	tica	al Act	tion C	om	mitt	ee (A	AOT	PAC)				
Α.	Full Name (Last, First, Middle Initial) Schiff For Congress						Date of	of Dis	sburse	ement							
								M M / D D / Y Y Y Y									
	lailing Address 777 S. Figueroa St. Suite 4050							09 29 2011									
	City : Los Angeles	State Zip Code CA 90017					Transaction ID : 42213670										
	Purpose of Disbursement		90017	_		_											
	campapign contribution			011			Amount of Each Disbursement this F						Period				
	Candidate Name			Cate	egor	y/	1000										
	Rep. Adam B. Schiff			T	ype			-	7	_	7	1000	.00				
	Senate X President	ment For: Primary Other (spe	General				campa	pign	contri	bution							
_	State: CA District: 29																
В.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn						Date of	of Di	sburse	ement							
	Mailing Address PO Box 12567							09 / 29 / Y Y Y 2011									
	,	State	Zip Code				Transaction ID : 42213671										
	Columbia Purpose of Disbursement	SC	29211														
	campaign contribution			C)11		Amount of Each Disbursement this Period										
	Candidate Name			Category/ Type									_				
	Rep. James E. Clyburn						1000.00										
		ment For: Primary Other (spe	General				campa	iign c	contrib	oution							
-	Full Name (Last, First, Middle Initial)						Date (of Die	shurse	ement							
0.	Friends Of John Boehner							Date of Disbursement									
	Mailing Address 7908 Cincinnati Dayton Road Suite I																
	City West Chester	State OH	Zip Code 45069				Tran	Transaction ID : 42213672									
	Purpose of Disbursement campaign contribution	11		Amount of Each Dishursement this I													
	Candidate Name	1.00			Amount of Each Disbursement this Period						Period						
	Rep. John A. Boehner								500.00								
	Senate President	ment For: Primary Other (spe	General				campaign contribution										
	State: OH District: 08						_										
s	UBTOTAL of Disbursements This Page (optional)							_	7		,	2500	0.00				
T	OTAL This Period (last page this line number only))							7		7						

SCHEDULE B (FE	C Form 3X)			F	OR I	LINF N	UMBER				PAGE	23 (DF 24			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck only one)											
			Summary Page			21b 27	22 	×	23 28b	24	4 3c	25 29	26 30b			
Any information copied from or for commercial purposes,	such Reports and Staten other than using the nam	nents may ne and add	not be sold or use ress of any politic	ed by al con	any nmitt	persor tee to s	n for the solicit co	purp ntrib	oose o utions	of solic from	iting c such c	ontribu committ	tions ee.			
	,								•••	<i>.</i>	~	- • • •				
The American Oc		py Asso	ciation, Inc.	Polit	tica	al Act	ion Co	om	mitte	ee (A		PAC)				
Full Name (Last, First, Mi A. Dave Camp For C	,						Date o	f Dis	burse	ement						
	Mailing Address 5915 Eastman Avenue Suite 100						09 / 29 / Y Y Y Y 09 29 2011									
City Midland	City State						Transaction ID : 42213673									
Purpose of Disbursement campaign contribution	Purpose of Disbursement			48640				Amount of Each Disbursement this Perioc								
Candidate Name					egory	y/						1000	00			
Rep. David Lee C		nent For:	2012	Ţ	уре		1000.00									
Se Se	enate X esident	Primary Other (spe	General				campai	gn c	ontribu	ution						
State: MI District: Full Name (Last, First, Mi	•															
B. Devin Nunes Can		Э					Date of Disbursement									
Mailing Address PO Box 6545							09 29 2011									
City Visalia	Ę	State CA	Zip Code 93290				Trans	sacti	on ID	: 4221	3675					
campaign contribution	Purpose of Disbursement campaign contribution						Amount of Each Disbursement this Period						Period			
Candidate Name Rep. Devin G. Nu		Category/ Type					1000.00									
Office Sought: K	enate Seident Disbursen	nent For: Primary Other (spe	2012 General cify)		уре		campai	gn c	ontrib	ution	7					
Full Name (Last, First, Mi																
С.							Date of Disbursement									
Mailing Address	Mailing Address															
City	(State	Zip Code													
Purpose of Disbursement	⁵ urpose of Disbursement															
Candidate Name	Candidate Name Cate						Amount of Each Disbursement this Period						Period			
Se	esident	nent For: Primary Other (spe	General cify) ▼								,					
							_			_	_	_	_			
SUBTOTAL of Disbursemer	ts This Page (optional)							-	7	_	,	2000	.00			
TOTAL This Period (last pa	ge this line number only)								7		,	22500	.00			

Image# 11971636877

SCHEDULE B (FEC Form 3X)		FOR LL	NE NUMBER:		PAGE	24 0	= 24			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check	only one)							
	Detailed Summary Page		21b 22 27 28a	23 28b	24 28c X	25 29	26 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na		d by any p	person for the p	urpose of	soliciting co	ntributio	ons			
NAME OF COMMITTEE (In Full)										
The American Occupational Thera	apy Association, Inc. F	Political	Action Co	nmittee	e (AOTP	AC)				
Full Name (Last, First, Middle Initial) A. The American Occupational Therapy Associat	Date of	Date of Disbursement								
Mailing Address 4720 Montgomery Lane PO Box 31220	09									
City Bethesda										
Purpose of Disbursement	-									
Please see form 99 for explanation of our correction	011	Amount	Amount of Each Disbursement this Period							
Candidate Name The American Occupational Therapy Association, Inc. Pc	blitical Action Committee	Category/ Type		-4781.00						
	ement For:									
Senate President	Primary General Other (specify)			Please see form 99 for explanation of our cor cash flow						
State: District:										
Full Name (Last, First, Middle Initial) B.	Data of	Diahuraam	o. mł							
В.		Date of Disbursement								
Mailing Address			/ T = T							
City										
Purpose of Disbursement	Purpose of Disbursement						a via al			
Candidate Name		Amount of Each Disbursement this Period								
	Category/ Type		- 7							
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)									
State: District:] ,									
Full Name (Last, First, Middle Initial)	-ull Name (Last, First, Middle Initial)									
Mailing Address	Mailing Address									
City										
Purpose of Disbursement	-									
Candidate Name	Amount	Amount of Each Disbursement this Period								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Туре			7					
State: District:										
SUBTOTAL of Disbursements This Page (optional).				7	7	-4781.0	0			
TOTAL This Period (last page this line number only	/)					-4781.0	00			
					-					