

# 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.

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

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

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  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).....	2027.49	28669.23
(ii) Unitemized .....	7528.08	112805.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9555.57	141474.28
(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) .....	9555.57	141474.28
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.).....	4.87	142.63
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))..... ▶	9560.44	141616.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9560.44	141616.91

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	344.00	2506.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	344.00	2506.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	181700.00
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	910.00
(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	910.00
29. Other Disbursements .....	-4781.00	-4461.00
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)) ..	18063.00	180655.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18063.00	180655.47

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	9555.57	141474.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	910.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9555.57	140564.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	344.00	2506.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	344.00	2506.47

**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 24
	<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	

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. Jennifer C Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1126 N Cedar St  
City Abilene State KS Zip Code 67410-2022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hoover Bachman Assoc Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 865.00

Date of Receipt 09 / 06 / 2011  
**Transaction ID : 42194001**  
Amount of Each Receipt this Period 365.00

**B. Jill J Glinka**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5316 Sw Lincolnshire Cir  
City Topeka State KS Zip Code 66610-9662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USD 501 Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 06 / 2011  
**Transaction ID : 42194002**  
Amount of Each Receipt this Period 200.00

**C. Tammy Marie Hart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 309 S Hillcrest Dr  
City Sulphur Springs State TX Zip Code 75482-3648  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heritage Nursing Home and DBA Tamkev, Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2011  
**Transaction ID : 42194073**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 665.00  
**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 7 OF 24
	<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. Mary Anne Weiler**  
Full Name (Last, First, Middle Initial)

Mailing Address 463 W Kemper Rd

City Cincinnati State OH Zip Code 45246-3001

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

Name of Employer Quality Care Occupation Occupational Therapy Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.50**

Date of Receipt  
09 / 19 / 2011  
**Transaction ID : 42196032**

Amount of Each Receipt this Period  
**57.50**

**B. Zoe Mailloux**  
Full Name (Last, First, Middle Initial)

Mailing Address 407 Camino De Encanto

City Redondo Beach State CA Zip Code 90277-6530

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

Name of Employer Pediatric Therapy Network Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
09 / 06 / 2011  
**Transaction ID : 42207933**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 11874 Canterbury Dr.

City Sterling Heights State MI Zip Code 48312-3019

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

Name of Employer St. John's Hospital Occupation Occupational Therapy Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.74**

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 42207938**

Amount of Each Receipt this Period  
**30.38**

**SUBTOTAL** of Receipts This Page (optional)..... **237.88**

**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 24
	<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 Leslye Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 4013 W 138th Ter

City Leawood State KS Zip Code 66224-3009

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

Name of Employer Metropolitan Community College Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **273.74**

Date of Receipt **09 / 04 / 2011**

**Transaction ID : 42207942**

Amount of Each Receipt this Period **30.38**

**B. 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 ▼ **313.51**

Date of Receipt **09 / 09 / 2011**

**Transaction ID : 42207943**

Amount of Each Receipt this Period **30.39**

**C. Catherine Patricia Brady**  
Full Name (Last, First, Middle Initial)

Mailing Address 24409 S Meadowood Rd

City Crete State IL Zip Code 60417-9715

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

Name of Employer Governors State University Occupation Occupational Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **298.78**

Date of Receipt **09 / 04 / 2011**

**Transaction ID : 42207953**

Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **91.19**

**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 24
<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. 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 ▼ **273.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2011  
**Transaction ID : 42207954**  
 Amount of Each Receipt this Period  
**30.42**

**B. Regina Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9410 S Bell Ave  
 City Chicago State IL Zip Code 60643-6743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chicago State University Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **274.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2011  
**Transaction ID : 42207955**  
 Amount of Each Receipt this Period  
**30.46**

**C. Christine Lynn Kroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1528 Chase Blvd  
 City Greenwood State IN Zip Code 46142-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Therapy Service Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **273.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2011  
**Transaction ID : 42207987**  
 Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<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) <b>A. Barbara A Seguine</b>		Date of Receipt 09 / 10 / 2011 <b>Transaction ID : 42207988</b>
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 ▼ 273.74	

Full Name (Last, First, Middle Initial) <b>B. Christina Sue Griffin</b>		Date of Receipt 09 / 10 / 2011 <b>Transaction ID : 42207989</b>
Mailing Address 13605 N. 111th Ave.		Amount of Each Receipt this Period 30.42
City Sun City	State AZ	Zip Code 85351-2513
FEC ID number of contributing federal political committee.	C	
Name of Employer A.T. Still Univ	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00	

Full Name (Last, First, Middle Initial) <b>C. Shelley Wallock</b>		Date of Receipt 09 / 10 / 2011 <b>Transaction ID : 42207990</b>
Mailing Address 1519 Spruce St		Amount of Each Receipt this Period 30.42
City Philadelphia	State PA	Zip Code 19102-4577
FEC ID number of contributing federal political committee.	C	
Name of Employer Thomas Jefferson Univ	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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. 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 ▼ 273.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2011  
**Transaction ID : 42207997**  
 Amount of Each Receipt this Period  
 30.42

**B. Yvonne Michielle 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 ▼ 555.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2011  
**Transaction ID : 42207999**  
 Amount of Each Receipt this Period  
 60.00

**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 ▼ 343.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2011  
**Transaction ID : 42208000**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<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. 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 ▼ 274.00

Date of Receipt 09 / 10 / 2011  
**Transaction ID : 42208001**  
 Amount of Each Receipt this Period 30.42

**B. Peter John Kennelty**  
 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 ▼ 213.08

Date of Receipt 09 / 10 / 2011  
**Transaction ID : 42208002**  
 Amount of Each Receipt this Period 30.44

**C. Rebecca E Argabrite Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41718 Browns Farm Lane  
 City Leesburg State VA Zip Code 20176-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loudoun County Public Schools Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 13 / 2011  
**Transaction ID : 42208003**  
 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:	PAGE 13 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. Linda Coogle Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2361 Fair Oaks Rd  
 City Decatur State GA Zip Code 30033-1207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 283.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2011  
**Transaction ID : 42208004**  
 Amount of Each Receipt this Period  
 30.42

**B. Gloria R Lucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2495 Main St Ste 234  
 City Buffalo State NY Zip Code 14214-2152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DBA Optimal Therapy Associates Service Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 273.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2011  
**Transaction ID : 42208005**  
 Amount of Each Receipt this Period  
 30.42

**C. 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 Occupation  
 Zane State College Occupational Therapist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 283.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2011  
**Transaction ID : 42208006**  
 Amount of Each Receipt this Period  
 30.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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)**

**A. 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 **333.32**

Date of Receipt **09 / 07 / 2011**  
**Transaction ID : 42208007**  
 Amount of Each Receipt this Period **30.42**

**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 **323.42**

Date of Receipt **09 / 08 / 2011**  
**Transaction ID : 42208008**  
 Amount of Each Receipt this Period **30.38**

**C. Geri Ann Duran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4920 Calle De Tierra Ne  
 City Albuquerque State NM Zip Code 87111-2927  
 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 / 11 / 2011**  
**Transaction ID : 42208009**  
 Amount of Each Receipt this Period **30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.22</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 24  
(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. 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 ▼  
313.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2011

**Transaction ID : 42208010**

Amount of Each Receipt this Period  
30.42

**B. Franklin H Coulman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 703 Sycamore St

City Weldon	State NC	Zip Code 27890-1831
----------------	-------------	------------------------

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

Name of Employer Roanoke Rapids Schools	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	/	2011

**Transaction ID : 42211602**

Amount of Each Receipt this Period  
30.38

**C. 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 ▼  
357.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

**Transaction ID : 42211622**

Amount of Each Receipt this Period  
30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
<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. Kelly Michelle Alig**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Gravier St Office 801

City New Orleans	State LA	Zip Code 70112-2262
---------------------	-------------	------------------------

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

Name of Employer Louisiana State University HSC New Orl	Occupation Occupational Therapist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.68**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

**Transaction ID : 42211625**

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 ▼ **212.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

**Transaction ID : 42211629**

Amount of Each Receipt this Period  

30.42
-------

**C. Sharon Thomson Reitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 8000 York Rd

City Towson	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 ▼ **222.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

**Transaction ID : 42211637**

Amount of Each Receipt this Period  

30.42
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>91.26</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<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. Emily S Pugh**

Mailing Address 1744 Nw 7th Pl

City Gainesville State FL Zip Code 32603-1221

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

Name of Employer Univ of Florida Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2011  
**Transaction ID : 42211640**

Amount of Each Receipt this Period  
**30.42**

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

Mailing Address 18 Shoal Creek Fls

City Signal Mtn State TN Zip Code 37377-3141

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

Name of Employer University of Tennessee Health Science Occupation Occupational Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2011  
**Transaction ID : 42211641**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**C. Miss Gretchen Renee Ward**

Mailing Address 62 W 107th St Apt 6d

City New York State NY Zip Code 10025-3206

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

Name of Employer Self Employed Occupational Therapist 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 / 20 / 2011  
**Transaction ID : 42211647**

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 18 OF 24
	<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)**

**A. Dr Amy Jo Lamb**  
 Full Name (Last, First, Middle Initial)  
 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 DBA/ AJ Lamb Consulting Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 19 / 2011**  
**Transaction ID : 42211650**  
 Amount of Each Receipt this Period **30.42**

**B. 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 / 2011**  
**Transaction ID : 42211651**  
 Amount of Each Receipt this Period **30.42**

**C. Linda Sue Riccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8256 La Habra Lane  
 City Indianapolis State IN Zip Code 46236-8574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer People First Rehab. Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **09 / 19 / 2011**  
**Transaction ID : 42211653**  
 Amount of Each Receipt this Period **30.42**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 24  
(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. Bruce Allan Haack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13604 Ne 42nd Ave  
City Vancouver State WA Zip Code 98686-2606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Salmon Creek Children's Therapy Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.94

Date of Receipt 09 / 29 / 2011  
**Transaction ID : 42330180**  
Amount of Each Receipt this Period 30.42

**B. Miss Mary Hendricks**  
Full Name (Last, First, Middle Initial)  
Mailing Address Po Box 56 107 Willing Street  
City Llewellyn State PA Zip Code 17944-0056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Magee Rehabilitation Hosp. Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.14

Date of Receipt 09 / 28 / 2011  
**Transaction ID : 42330516**  
Amount of Each Receipt this Period 30.46

**C. Faustina Yawa Adza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Marino Blvd  
City Pomona State NY Zip Code 10970-3707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DBA Basic Blocks Therapeurtrics Occupation Occupational Therapist  
Receipt For:  Primary  General  Other (specify) ▼  
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  
**TOTAL** This Period (last page this line number only)..... ▶ 2027.49

**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 account

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 42180488**

Amount of Each Disbursement this Period

bank fees on 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 (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Republican National Committee (RNC)**

Mailing Address 310 First St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 42007360**

Amount of Each Disbursement this Period

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Bob Filner For Congress**

Mailing Address 20 Galli Drive Suite A

City Novato State CA Zip Code 94949

Purpose of Disbursement  
campaign contribution to retire debt for 2012 primary

Category/  
Type

Candidate Name

**Rep. Bob Filner**

Office Sought:  House  Senate  President  
State: CA District: 51

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 42213666**

Amount of Each Disbursement this Period

campaign contribution to retire debt for 2012 primary

Full Name (Last, First, Middle Initial)

**C. Allyson Schwartz For Congress**

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name

**Rep. Allyson Y. Schwartz**

Office Sought:  House  Senate  President  
State: PA District: 13

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 42213668**

Amount of Each Disbursement this Period

campaign contribution

**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 (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 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  
State: CA District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2011

**Transaction ID : 42213670**

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2011

**Transaction ID : 42213671**

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2011

**Transaction ID : 42213672**

Amount of Each Disbursement this Period

500.00

campaign contribution

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

2500.00

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

**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. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

**Transaction ID : 42213673**

Amount of Each Disbursement this Period

1000.00
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campaign contribution

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Devin G. Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

**Transaction ID : 42213675**

Amount of Each Disbursement this Period

1000.00
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campaign contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00
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22500.00
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**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 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 checked="" 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.** The American Occupational Therapy Association, Inc. Political Action Committee

Date of Disbursement

Mailing Address 4720 Montgomery Lane  
PO Box 31220

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

City Bethesda State MD Zip Code 20824-1220

**Transaction ID : 42241005**

Purpose of Disbursement  
Please see form 99 for explanation of our correction of cash flow

011
Category/ Type

Amount of Each Disbursement this Period

-4781.00
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Candidate Name  
The American Occupational Therapy Association, Inc. Political Action Committee

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Please see form 99 for explanation of our correction of cash flow

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

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

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

-4781.00
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-4781.00
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