

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

4720 Montgomery Lane, Suite 200

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00089086

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2012

through

M M M / D D D / Y Y Y Y Y Y
08 31 2012

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

M M M / D D D / Y Y Y Y Y Y
09 20 2012

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		60190.34
(b) Cash on Hand at Beginning of Reporting Period.....	107518.16	
(c) Total Receipts (from Line 19)	13654.83	196855.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	121172.99	257045.59
7. Total Disbursements (from Line 31)	23403.46	159276.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97769.53	97769.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
08 01 2012

To:

M M / D D / Y Y Y Y Y Y
08 31 2012

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).....

3388.46

49558.14

(ii) Unitemized

10253.02

147219.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13641.48

196777.97

(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)

13641.48

196777.97

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.).....

13.35

77.28

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))..... ▶

13654.83

196855.25

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13654.83

196855.25

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	353.46	2951.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	353.46	2951.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	154250.00
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	50.00	75.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	75.00
29. Other Disbursements	500.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23403.46	159276.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23403.46	159276.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13641.48	196777.97
34. Total Contribution Refunds (from Line 28(d))	50.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13591.48	196702.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	353.46	2951.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	353.46	2951.06

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 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Amy L Vincent

Mailing Address 8743 Hathaway Rd

City

Kalamazoo

State

MI

Zip Code

49009-6931

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Therapy Place

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 46856447

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Jennifer Lee McLaughlin

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

271.22

Date of Receipt

08 / 03 / 2012

Transaction ID : 46856453

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. DR Diane Lynn Smith

Mailing Address 1000 Willowcreek Ln

City

Columbia

State

MO

Zip Code

65203-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

274.16

Date of Receipt

08 / 02 / 2012

Transaction ID : 46856469

Amount of Each Receipt this Period

30.46

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

225.46

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 7 OF 32
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dianne Franklin Simons

Mailing Address 3009 Huntwick Ct

City

Richmond

State

VA

Zip Code

23233-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

221.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : 46856471

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Mrs. Donna C Flowers

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : 46856480

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Barbara A Seguire

Mailing Address 1608 Waterford Dr

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46856484

Amount of Each Receipt this Period

30.42

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

91.26

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jan Rowe

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 ▼

243.36

Date of Receipt

08 / 04 / 2012

Transaction ID : 46856486

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. 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 ▼

212.94

Date of Receipt

08 / 02 / 2012

Transaction ID : 46856487

Amount of Each Receipt this Period

121.68

Full Name (Last, First, Middle Initial)

C. Janice Diane Hinds

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 ▼

243.32

Date of Receipt

08 / 07 / 2012

Transaction ID : 46856816

Amount of Each Receipt this Period

30.42

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

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

182.52

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

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

FOR LINE NUMBER: PAGE 9 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Theresa McCarty Oster

Mailing Address 624 Green St

City State Zip Code
 Rockton IL 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 ▼

240.00

Date of Receipt

08 / 02 / 2012

Transaction ID : 46856817

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City State Zip Code
 Las Vegas NV 89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

08 / 03 / 2012

Transaction ID : 46856818

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Michael Thomas Berthelette

Mailing Address 2511 W Azeele St

City State Zip Code
 Tampa FL 33609-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Progressus Therapy, LLC

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 46856819

Amount of Each Receipt this Period

243.36

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

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

338.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 10 OF 32
 (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)

Full Name (Last, First, Middle Initial)

A. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2012

Transaction ID : 47114354

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Anne Frances Cronin

Mailing Address 970 Stewart St

City

Morgantown

State

WV

Zip Code

26505-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

452.10

Date of Receipt

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

Transaction ID : 47114355

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. David Dennis Clark

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.68

Date of Receipt

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

Transaction ID : 47114360

Amount of Each Receipt this Period

30.42

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

91.22

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

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

Transaction ID : 47114361

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. MISS Mary Hendricks

Mailing Address 2416 Cramer Cir

City

Pottsville

State

PA

Zip Code

17901-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Rehab Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.68

Date of Receipt

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

Transaction ID : 47114362

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Christine Lynn Kroll

Mailing Address 1528 Chase Blvd

City

Greenwood

State

IN

Zip Code

46142-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 47114367

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 32
(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)

Full Name (Last, First, Middle Initial)

A. Barbara A Seguire

Mailing Address 1608 Waterford Dr

City	State	Zip Code
Bowling Green	OH	43402-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens Community CollegeOccupation
Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : 47114368

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Craig-Oatley

Mailing Address 201 Summerhaze Ct

City	State	Zip Code
Ormond Beach	FL	32174-4871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daytona State CollegeOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2012

Transaction ID : 47114369

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Mary Patricia Shotwell

Mailing Address 3463 Crown Dr

City	State	Zip Code
Gainesville	GA	30506-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brenau UniversityOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

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

Transaction ID : 47114370

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 13 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Stephanie Singleton

Mailing Address 2917 Santa Monica Ave Se

City State Zip Code
 Albuquerque NM 87106-2962

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Presbyterian Home Health Svcs Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 10 2012

Transaction ID : 47114371

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Peter John Kennelty

Mailing Address 61 Gardner Ave

City State Zip Code
 Middletown NY 10940-3211

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 11 2012

Transaction ID : 47114372

Amount of Each Receipt this Period

30.44

Full Name (Last, First, Middle Initial)

C. Linda Coogle Stephens

Mailing Address 2361 Fair Oaks Rd

City State Zip Code
 Decatur GA 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 ▼

243.28

Date of Receipt

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

Transaction ID : 47114373

Amount of Each Receipt this Period

30.42

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

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

91.28

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

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

FOR LINE NUMBER: PAGE 14 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City State Zip Code
 Zanesville OH 43701-5557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Zane State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : 47114374

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Marilyn Rosee

Mailing Address 315 E 68th St

City State Zip Code
 New York NY 10065-5692

FEC ID number of contributing
federal political committee.

C

Name of Employer

DBA Therapeutic Resources

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 47114375

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rita Patricia Fleming-Castaldy

Mailing Address 551 Sudbury St

City State Zip Code
 Marlborough MA 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 ▼

243.06

Date of Receipt

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

Transaction ID : 47114376

Amount of Each Receipt this Period

30.38

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

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

310.80

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gail Fisher

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.04

Date of Receipt

08 / 08 / 2012

Transaction ID : 47114377

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. MRS Julianne Marie Brooks

Mailing Address 1609 N Columbus St

City

Lancaster

State

OH

Zip Code

43130-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apalachian Behavioral Healthcare & Gen

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 47117435

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dennis Sullivan Cleary

Mailing Address 453 W 10th Ave

City

Columbus

State

OH

Zip Code

43210-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2012

Transaction ID : 47186291

Amount of Each Receipt this Period

30.00

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

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

160.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 16 OF 32
 (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)

Full Name (Last, First, Middle Initial)

A. Miss Jodie Marie Gantzer

Mailing Address 150 Orchard Ln

 City
 Wheeling

 State
 WV

 Zip Code
 26003-4914

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

West Virginia Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : 47186301

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Trina Lea Schulz

Mailing Address 4915 Noble St

City

Shawnee

State

KS

Zip Code

66226-9797

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Univ of Kansas Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2012

Transaction ID : 47196442

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Pamela Ellen Toto

Mailing Address 7008 Lyons View Ct

City

Murrysville

State

PA

Zip Code

15668-1056

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Univ of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : 47196444

Amount of Each Receipt this Period

30.42

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

510.84

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

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

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

FOR LINE NUMBER: PAGE 17 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dorit Aaron

Mailing Address 2723 Amherst St

City State Zip Code
Houston TX 77005-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houston Hand Therapy

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 47327285

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lisa A Blough Bell

Mailing Address 19319 Ranworth Dr

City State Zip Code
Germantown MD 20874-6186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Rehab Services

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : 47327292

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Donna D Hopkins

Mailing Address 306 W Harvey St

City State Zip Code
McAllen TX 78501-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer
LI Hallmark Rehab

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : 47663511

Amount of Each Receipt this Period

100.00

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

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

565.00

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

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

FOR LINE NUMBER: PAGE 18 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : 47663545

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Susan K Goszewski

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : 47663547

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dawn Albarado Sonnier

Mailing Address 35921 Sarasota Ave

City

Denham Springs

State

LA

Zip Code

70706-8633

FEC ID number of contributing
federal political committee.

C

Name of Employer

DHH NORTHLAKE SUPPORTS AND SERVICE

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2012

Transaction ID : 47663548

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 19 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sharon Thomson Reitz

Mailing Address 8000 York Rd

City
Baltimore

State
MD

Zip Code
21252-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Towson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2012

Transaction ID : 47663554

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jodie Marie Valls

Mailing Address 8503 Callow Court

City
Laredo

State
TX

Zip Code
78045-1983

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laredo Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2012

Transaction ID : 47663557

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kathleen M Weissberg

Mailing Address 115 Beaufort Lane

City
Milford

State
DE

Zip Code
19963-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2012

Transaction ID : 47663558

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 20 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Melissa Marie Whelan

Mailing Address 83 Dikeman St Apt 1

City

Brooklyn

State

NY

Zip Code

11231-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

08 / 25 / 2012

Transaction ID : 47663559

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Esther Bernice Bell

Mailing Address 203 McClure St

City

Gonzales

State

TX

Zip Code

78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 21 / 2012

Transaction ID : 47663562

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Stefanie C Bodison

Mailing Address 29104 Firthridge Rd

City

Rancho Palos Verdes

State

CA

Zip Code

90275-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Southern California

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 21 / 2012

Transaction ID : 47663563

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 32
(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)

Full Name (Last, First, Middle Initial)

A. Harriett Smith Bynum

Mailing Address 100 Cottonwood Dr

City

Oakdale

State

PA

Zip Code

15071-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kent State University, East Liverpool

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : 47663564

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Lisa Kay Iffland

Mailing Address 2417 W Gladys Ave

City

Chicago

State

IL

Zip Code

60612-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : 47663566

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

Transaction ID : 47663568

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 22 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carol Siebert

Mailing Address 304 Forbush Mountain Dr

City State Zip Code
 Chapel Hill NC 27514-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Self Employed Occupational Therapist Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 21 / 2012

Transaction ID : 47663569

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Miss Gretchen Renee Ward

Mailing Address 62 W 107th St Apt 6d

City State Zip Code
 New York NY 10025-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Self Employed Occupational Therapist Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 20 / 2012

Transaction ID : 47663570

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Mary Teresa Johnston

Mailing Address 2141 S Bentley Ave Apt 108

City State Zip Code
 Los Angeles CA 90025-5739

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Masada Homes Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 28 / 2012

Transaction ID : 47663573

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 23 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diana Marie Clarke

Mailing Address 1463 Kingwood Ln

City State Zip Code
Rockvale TN 37153-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer

NXC

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 28 2012

Transaction ID : 47663582

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Judith Ann Poptanich

Mailing Address 341 Highland Ave

City State Zip Code
Middletown NY 10940-4437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Walkil School District

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 28 2012

Transaction ID : 47663587

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Tarrah M Altman

Mailing Address 127 N Hinchman Ave

City State Zip Code
Haddonfield NJ 08033-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Rehab Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 28 2012

Transaction ID : 47663593

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 24 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carolyn Baum

Mailing Address 4444 Forest Park Ave

City State Zip Code
 Saint Louis MO 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 ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : 47663613

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Chris Pleitner

Mailing Address 8517 Forest Ave

City State Zip Code
 Munster IN 46321-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DBA NW Indiana Rehab Svcs Inc

Occupation
 Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : 47663615

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. DR Amy Jo Lamb

Mailing Address 7024 N Meadows Way

City State Zip Code
 Dexter MI 48130-8637

FEC ID number of contributing
federal political committee.

C

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

Occupation
 Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : 47663616

Amount of Each Receipt this Period

30.42

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

91.26

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

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

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

FOR LINE NUMBER: PAGE 25 OF 32
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sylvia Lee

Mailing Address 1810 Midnight Ln

City

Houston

State

TX

Zip Code

77047-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Rehab and DBA SDL Healthcorp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

08 / 01 / 2012

Transaction ID : 47835051

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$50.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

0.00

3388.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 32

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

Transaction ID : 47186313Purpose of Disbursement
Bank fees on account

001
Category/ Type

Amount of Each Disbursement this Period

353.46

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Bank fees on account

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

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

353.46

353.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 32

<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. Citizens For Harkin

Mailing Address P O Box 811

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Tom Harkin

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698346

Amount of Each Disbursement this Period

2500.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Mcnerney For Congress

Mailing Address P.O. Box 690371

City	State	Zip Code
Stockton	CA	95269

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Jerry McNerney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698348

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

City	State	Zip Code
West Chester	OH	45069

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. John A. Boehner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698349

Amount of Each Disbursement this Period

5000.00

campaign contribution

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 32

<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. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Edward WhitfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698351

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee (NRSC)

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

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698353

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Kevin Patrick BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698360

Amount of Each Disbursement this Period

1000.00

campaign contribution

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

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 32

<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. Friends For Harry Reid

Mailing Address P.O. Box 19163

City	State	Zip Code
Las Vegas	NV	89132

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Harry Reid

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698361

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Harkin

Mailing Address P O Box 811

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement
campaign contribution

Candidate Name

Sen. Tom Harkin

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698364

Amount of Each Disbursement this Period

1000.00

campaign contribution

Full Name (Last, First, Middle Initial)

C. Ron Barber For Congress

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732

Purpose of Disbursement
campaign contribution

Candidate Name

Ron Barber For Congress

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : 46698367

Amount of Each Disbursement this Period

2500.00

campaign contribution

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

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 32

<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. Friends Of Jeanne Shaheen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Mailing Address 105 N State Street

City	State	Zip Code
Concord	NH	03301

Transaction ID : 46698369Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Jeanne ShaheenCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: NH District:

Full Name (Last, First, Middle Initial)

B. Mullen For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Mailing Address PO Box 11665

City	State	Zip Code
South Bend	IN	46634

Transaction ID : 47359801Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Mr. Brendan MullenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: IN District: 02

Full Name (Last, First, Middle Initial)

C. Committee To Elect Michelle Lujan Grisham

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Mailing Address 2015 Dietz Pl NW

City	State	Zip Code
Albuquerque	NM	87107

Transaction ID : 47359814Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Ms. Michelle GrishamCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: NM District: 01

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

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Hatch Election Committee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Mailing Address PO Box 900427

City	State	Zip Code
Sandy	UT	84090

Transaction ID : 47359817Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Orrin Grant HatchCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: UT District:

Full Name (Last, First, Middle Initial)

B. Mike McIntyre For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Mailing Address P.O. Box 1

City	State	Zip Code
Lumberton	NC	28359

Transaction ID : 47359819Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Mike McIntyreCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: NC District: 07

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

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

3500.00

22500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 32

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bikram Mohanty for Georgia Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Mailing Address PO Box 2189

City	State	Zip Code
Valdosta	GA	31604

Transaction ID : 47359815Purpose of Disbursement
Bikram Mohanty, STATE SENATE GA - campaign contribution

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Bikram MohantyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District:

Bikram Mohanty, STATE SENATE GA - campaign contribution

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

500.00

500.00
