



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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="2017"/>	<input type="text" value=""/>	<input type="text" value="65952.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="70563.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11533.19"/>	<input type="text" value="21467.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="82096.68"/>	<input type="text" value="87420.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8816.27"/>	<input type="text" value="14140.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73280.41"/>	<input type="text" value="73280.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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: M M / D D / Y Y Y Y Y Y  
02 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
02 / 28 / 2017

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).....	2945.00	3695.00
(ii) Unitemized .....	8575.17	17745.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11520.17	21440.94
(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) .....	11520.17	21440.94
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.).....	13.02	26.94
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)).....▶	11533.19	21467.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11533.19	21467.88

**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 .....	316.27	640.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	316.27	640.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	13500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8816.27	14140.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8816.27	14140.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11520.17	21440.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11520.17	21440.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	316.27	640.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	316.27	640.03

**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 10
<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. McCormack, Guy, Louis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 Cantu Ct  
 City Seaside State CA Zip Code 93955-6114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Samuel Merritt Univ. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017  
**Transaction ID : 74940766**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lueck-Mammen, Rosalyn, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 S Titlow Rd  
 City Tacoma State WA Zip Code 98465-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 16 / 2017  
**Transaction ID : 74984413**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Winthrop, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4919 Holly St  
 City Bellaire State TX Zip Code 77401-5714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DBA Aaron & Winthrop Hand Therapy Serv Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2017  
**Transaction ID : 74987859**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1865.00
<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 7 OF 10
<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. Hanebrink, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Sunny Shore Ln  
 City Anderson State SC Zip Code 29621-3445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wheeldogs Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 26 / 2017  
**Transaction ID : 74997408**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Berthelette, Michael, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4311 S Cameron Ave  
 City Tampa State FL Zip Code 33611-1327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BMR Health Services, Inc. Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2017  
**Transaction ID : 74997460**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Inda, Kari, Christine, DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W144n10444 Heritage Hills Pkwy  
 City Germantown State WI Zip Code 53022-4374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mount Mary College Occupation (for Individual) Occupational Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2017  
**Transaction ID : 75064370**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	715.00
<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 8 OF 10  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Skidmore, Elizabeth, Renee, ,

Mailing Address Occupational Therapy  
5012 Forbes Tower

City Pittsburgh State PA Zip Code 15260-7406

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

Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Occupational Therapist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2017

**Transaction ID : 75064395**

Amount of Each Receipt this Period  
365.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2945.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address PO Box 4418, Mail Code 1948

City  
Atlanta

State  
GA

Zip Code  
30302

Purpose of Disbursement  
Bank Fees on Account

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	6		2	0	1	7		

FEC Identification Number

C [ ]

**Transaction ID : 74955466**

Amount of Each Disbursement this Period

[ ] 316.27

Bank Fees on Account

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 316.27

[ ] 316.27

**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"/> 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. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name  
**Pelosi, Nancy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 12

Date of Disbursement

/  /

FEC Identification Number

**C** C00213512

**Transaction ID : 74942710**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name  
**Neal, Richard, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MA District: 01

Date of Disbursement

/  /

FEC Identification Number

**C** C00226522

**Transaction ID : 74942711**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee (DCCC)**

Mailing Address 430 South Capitol St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
campaign contribution

**011**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**

**Transaction ID : 74942712**

Amount of Each Disbursement this Period

Memo Item

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

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