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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC) 6116 Executive Blvd., Suite 200 ADDRESS (number and street) (Check if address is changed) North Bethesda 20852-4929 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aotpac@aota.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.aota.org/aotpac (Check if address is changed) DATE 04 2020 C00089086 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Parsons, Heather, , , Type or Print Name of Treasurer Parsons, Heather, , , [Electronically Filed] 80 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FEC For | n 1 (Revised 02/2009) | Page 2 | | | |
|-------------------------------|---|-------------------------|--|--|--|
| TYPE OF CO | DMMITTEE Committee: | | | | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below | .) | | | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| Name of Candidate | | | | | |
| Candidate Party Affiliatio | Office Sought: House Senate President | State | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | | |
| Party Com | mittee: (National, State | (Democratic, | | | |
| (d) | This committee is a or subordinate) committee of the | Republican, etc.) Party | | | |
| Political Ad | etion Committee (PAC): | | | | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is | | | |
| | Corporation Corporation w/o Capital Stock | Labor Organization | | | |
| | Membership Organization Trade Association | Cooperative | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee) | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Joint Fund | raising Representative: | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions. | | | | |
| (h) | committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t | | | | |
| ` ' L | committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| Comr | nittees Participating in Joint Fundraiser | | | | |
| 1. | FEC ID number | | | | |
| 2. | FEC ID number | | | | |
| 3. | FEC ID number | | | | |
| 4. | | | | | |

| FEC Form 1 (Revised (| 12/2009) | | Page 3 |
|---|--|---------------------------------|-----------------------------------|
| Write or Type Committee Name | | | T age |
| • | pational Therapy Association | on Inc. Political Actio | n Committee (AOTPAC) |
| | Organization, Affiliated Committee, Jo | | <u></u> |
| • | | | e, or Leadership FAC Sponsor |
| The American Occupa | tional Therapy Association, | Inc. | |
| | | | |
| Mailing Address | 6116 Executive Blvd, Suite 200 | | |
| | North Bethesda | MD | 20852-4929 |
| | CITY | STATE | ZIP CODE |
| Relationship: 🗶 Connected | d Organization Affiliated Committee | Joint Fundraising Represer | ntative Leadership PAC Sponsor |
| Custodian of Records: Iden books and records. | tify by name, address (phone number | optional) and position of the | person in possession of committee |
| | arlene C, , , | | |
| Full Name | AOTA | | |
| Mailing Address | 6116 Executive Blvd., Suite 200 | | |
| | | , MD , | ,20852-4929 |
| | North Bethesda | | 20032 4323 |
| Title or Position | CITY | STATE | ZIP CODE |
| AOTPAC Manager | | Telephone number | 301 652 2682 |
| Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) c assistant treasurer). | f the treasurer of the committe | e; and the name and address of |
| Full Name Parsons, H | eather, , , | | |
| Mailing Address | AOTA | | |
| maning / naicos | 6116 Executive Blvd., Suite 200 | | |
| | North Bethesda | , , , , , , MD | 20852-4929 |
| | CITY | STATE | ZIP CODE |
| Title or Position Vice President of Fe | | Telephone number | 301 - 652 - 2682 |

| | Revised 02/2009) | | Page 4 |
|--|--|--------------------------|-------------------------|
| | | | |
| Full Name of Designated Hop Agent | okins, Patricia M., , , | | |
| Agent | AOTA | | |
| Mailing Address | | | |
| | 6116 Executive Blvd., Suite 200 | | |
| | North Bethesda | MD 20 | 852-4929 |
| | CITY | STATE | ZIP CODE |
| Title or Position Chief Officer, Finan | | one number | - 652 - 2682 |
| Banks or Other Depo safety deposit boxes of | ositories: List all banks or other depositories in which the or maintains funds. | committee deposits funds | , holds accounts, rents |
| Name of Bank, Depos | | | |
| C. | waTrust Dank | | |
| Su | ınTrust Bank | | |
| Mailing Address | 1445 New York Ave, NW | | |
| | 1 | | |
| | Washington | 1 DC 1 120 | 005 |
| | VVasimgeri | | *** |
| | | | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depos | | STATE | ZIP CODE |
| Name of Bank, Depos | | STATE | ZIP CODE |
| Name of Bank, Depos | | STATE | ZIP CODE |
| L | | STATE | ZIP CODE |
| Name of Bank, Depos | | STATE | ZIP CODE |
| L | | STATE | ZIP CODE |

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

New Assistant Treasurer

Form/Schedule: Transaction ID: