

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

6116 Executive Blvd., Suite 200

☐ (Check if address is changed)

North Bethesda

CITY ▲

MD

STATE ▲

20852-4929

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

aotpac@aota.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.aota.org/aotpac

2. DATE

MM / DD / YYYY
08 / 04 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00089086

4. 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.

Type or Print Name of Treasurer Parsons, Heather, , ,

Signature of Treasurer Parsons, Heather, , ,

[Electronically Filed]








Date

MM / DD / YYYY
08 / 04 / 2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

The American Occupational Therapy Association, Inc.

Mailing Address

6116 Executive Blvd, Suite 200

North Bethesda

CITY

MD

STATE

20852-4929

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Dennis, Darlene C, , ,

Mailing Address

AOTA

6116 Executive Blvd., Suite 200

North Bethesda

CITY

MD

STATE

20852-4929

ZIP CODE

Title or Position

AOTPAC Manager

Telephone number

301

652

2682

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Parsons, Heather, , ,

Mailing Address

AOTA

6116 Executive Blvd., Suite 200

North Bethesda

CITY

MD

STATE

20852-4929

ZIP CODE

Title or Position

Vice President of Fe

Telephone number

301

652

2682

Full Name of
Designated
Agent

Hopkins, Patricia M., , ,

Mailing Address

AOTA

6116 Executive Blvd., Suite 200

North Bethesda

CITY

MD

STATE

20852-4929

ZIP CODE

Title or Position

Chief Officer, Finan

Telephone number

301

652

2682

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

1445 New York Ave, NW

Washington

CITY

DC

STATE

20005

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F1A
Transaction ID :

New Assistant Treasurer

Form/Schedule:
Transaction ID: