

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) 4720 Montgomery Lane

PO Box 31220

Check if different than previously reported. (ACC) Bethesda MD 20824-1220

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input checked="" type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 07 31 2008

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 Electronically Filed by Christina A. Metzler Date 08 18 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		79391.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	83141.16									
(c) Total Receipts (from Line 19)	16879.64	150994.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100020.80	230386.06								
7. Total Disbursements (from Line 31)	8381.08	138746.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91639.72	91639.72								
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**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2721.42	31724.42
(i) Itemized (use Schedule A)		
(ii) Unitemized	14028.43	118129.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16749.85	149853.87
(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)	16749.85	149853.87
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.)	129.79	1140.84
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 Transfer (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))	16879.64	150994.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16879.64	150994.71

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	381.08	2696.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	381.08	2696.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	136000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(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	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	8381.08	138746.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8381.08	138746.34

DETAILED SUMMARY PAGE
of Disbursements

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	16749.85	149853.87
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16749.85	149803.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	381.08	2696.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	381.08	2696.34

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 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Rebecca E Argabrite Grove	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address 41718 Browns Farm Lane	Transaction ID: 25455356
	City State Zip Code Leesburg VA 20176-6026	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Loudoun County Public Schools Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00

B.	Full Name (Last, First, Middle Initial) Gerri Ann Duran	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 4920 Calle De Tierra Ne	Transaction ID: 25455407
	City State Zip Code Albuquerque NM 87111-2927	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

C.	Full Name (Last, First, Middle Initial) Brent Howard Braveman	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address Unit 3c 1447 W Victoria St	Transaction ID: 25614630
	City State Zip Code Chicago IL 60660-4220	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Illinois Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.00

SUBTOTAL of Receipts This Page (optional)	▶	427.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19
(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)

A.

Full Name (Last, First, Middle Initial)
Florence Arcuri Clark

Mailing Address 635 W 35th St #2180

City State Zip Code
Los Angeles CA 90089-0001

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

Name of Employer Occupation
University of Southern California OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2008

Transaction ID: 25614631

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Susan K Goszewski

Mailing Address 225 Oregon Rd

City State Zip Code
Cheshire CT 06410-1827

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

Name of Employer Occupation
Yale New haven Hosp OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.94

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: 25615079

Amount of Each Receipt this Period
30.42

C.

Full Name (Last, First, Middle Initial)
Pamela Ellen Toto

Mailing Address 7008 Lyons View Ct

City State Zip Code
Murrysville PA 15668-1056

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

Name of Employer Occupation
Univ of Pittsburgh OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: 25844874

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1130.42**

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 8 / 19
(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)

<p>A. Full Name (Last, First, Middle Initial) Kathleen M Weissberg</p> <p>Mailing Address 115 Beaufort Lane</p> <p>City State Zip Code Milford DE 19963-3780</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Endura Care Therapy Mgmt OT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 213.00</p>	<p>Date of Receipt 07 / 24 / 2008</p> <p>Transaction ID: 25844881</p> <p>Amount of Each Receipt this Period 31.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Linda Coogle Stephens</p> <p>Mailing Address 2361 Fair Oaks Rd</p> <p>City State Zip Code Decatur GA 30033-1207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Atlanta Children's Therapy OT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 213.00</p>	<p>Date of Receipt 07 / 24 / 2008</p> <p>Transaction ID: 25844883</p> <p>Amount of Each Receipt this Period 31.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Trina Lea Schulz</p> <p>Mailing Address 4915 Noble</p> <p>City State Zip Code Shawnee KS 66226-9797</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ of Kansas Hospital OT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 253.00</p>	<p>Date of Receipt 07 / 24 / 2008</p> <p>Transaction ID: 25844889</p> <p>Amount of Each Receipt this Period 31.00</p>
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SUBTOTAL of Receipts This Page (optional)	93.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Monica Lee Robinson		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address 368 W 6th Ave		Transaction ID: 25844909		
	City Columbus	State OH	Zip Code 43201-3135	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCR Manor Care	Occupation OT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 790.00			

B.	Full Name (Last, First, Middle Initial) Mr. Scott David Nordquist		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address 11874 Canterbury Dr.		Transaction ID: 25844916		
	City Sterling Heights	State MI	Zip Code 48312-3019	Amount of Each Receipt this Period 31.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. John's Hospital	Occupation STUDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.00			

C.	Full Name (Last, First, Middle Initial) Penelope A Moyers Cleveland		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address 516 2nd Ave		Transaction ID: 25844919		
	City Pleasant Grove	State AL	Zip Code 35127-1757	Amount of Each Receipt this Period 31.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Alabama at Birmingham	Occupation OT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 263.00			

SUBTOTAL of Receipts This Page (optional)	▶	137.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Sheri Montgomery

Mailing Address 313 Herschler Ave

City State Zip Code
Evanston WY 82930-5005

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

Name of Employer Occupation
USCD #4 OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: 25844921

Amount of Each Receipt this Period
31.00

B.

Full Name (Last, First, Middle Initial)
Jennifer Lee Mclaughlin

Mailing Address 105 Ruth Ellen Court S

City State Zip Code
Newark DE 19711-8511

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

Name of Employer Occupation
PUMH, Inc. OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: 25844924

Amount of Each Receipt this Period
45.00

C.

Full Name (Last, First, Middle Initial)
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. OTA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: 25844931

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional) ► **107.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 19
(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)

A. Full Name (Last, First, Middle Initial)
Kathleen Marie Kehm

Mailing Address 6294 W College Ave

City Greendale State WI Zip Code 53129-2801

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

Name of Employer Aurora Healthcare Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt 07 / 24 / 2008
Transaction ID: 25844932
Amount of Each Receipt this Period 31.00

B. Full Name (Last, First, Middle Initial)
Stephanie Singleton

Mailing Address 2917 Santa Monica Se

City Albuquerque State NM Zip Code 87106-2962

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

Name of Employer Presbyterian Home Health Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 371.00

Date of Receipt 07 / 24 / 2008
Transaction ID: 25844934
Amount of Each Receipt this Period 310.00

C. Full Name (Last, First, Middle Initial)
Pamela Henry

Mailing Address 5626 Alex Way

City Liberty Township State OH Zip Code 45044-8773

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

Name of Employer Ohio Presbyterian Retirement Services Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2008
Transaction ID: 25850031
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **541.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 19
	(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)

A.	Full Name (Last, First, Middle Initial) Penelope A Moyers Cleveland		Date of Receipt
	Mailing Address 516 2nd Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2008
	City	State	Zip Code
	Pleasant Grove	AL	35127-1757
	FEC ID number of contributing federal political committee. C		Transaction ID: 25850037
Name of Employer Univ of Alabama at Birmingham		Occupation OT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 363.00	

B.	Full Name (Last, First, Middle Initial) Chris Pleitner		Date of Receipt
	Mailing Address 8517 Forest Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 24 / 2008
	City	State	Zip Code
	Munster	IN	46321-2120
	FEC ID number of contributing federal political committee. C		Transaction ID: 25850232
Name of Employer DBA NW Indiana Rehab Svcs Inc		Occupation OT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 31.00
		<input type="text"/> 217.00	

C.	Full Name (Last, First, Middle Initial) Ms. Alaine D Defour		Date of Receipt
	Mailing Address 40285 Tonabee Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 24 / 2008
	City	State	Zip Code
	Sterling Heights	MI	48313-4177
	FEC ID number of contributing federal political committee. C		Transaction ID: 25850284
Name of Employer Student		Occupation STUDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 31.00
		<input type="text"/> 213.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 162.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 13 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Dennis Clark		Date of Receipt
	Mailing Address 2226 Discovery Cir W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2008
	City	State	Zip Code
	Deerfield Bch	FL	33442-1007
	FEC ID number of contributing federal political committee. C		Transaction ID: 25850296
Name of Employer Self Employed		Occupation OT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 31.00
		<input type="text"/> 231.00	

B.	Full Name (Last, First, Middle Initial) Harriett Smith Bynum		Date of Receipt
	Mailing Address 100 Cottonwood Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2008
	City	State	Zip Code
	Oakdale	PA	15071-1108
	FEC ID number of contributing federal political committee. C		Transaction ID: 25850297
Name of Employer Kent State University		Occupation OT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 31.00
		<input type="text"/> 213.00	

C.	Full Name (Last, First, Middle Initial) Barbara Thoreson Brockevlt		Date of Receipt
	Mailing Address 46357 309th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2008
	City	State	Zip Code
	Vermillion	SD	57069-6412
	FEC ID number of contributing federal political committee. C		Transaction ID: 25850299
Name of Employer The University of South Dakota		Occupation OT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 31.00
		<input type="text"/> 213.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 93.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 19	
	(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"/> 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)

A.	Full Name (Last, First, Middle Initial) Mary Margaret Arnold		Date of Receipt	
	Mailing Address 1119 Maysville Ave		M M / D D / Y Y Y Y 07 / 24 / 2008	
	City	State	Zip Code	Transaction ID: 25850304
	Zanesville	OH	43701-5557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	31.00
	Name of Employer Zane State College		Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	213.00	

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	2721.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address PO Box 4418		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Atlanta	GA	30302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 25850401
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1140.84"/>	<input type="text" value="129.79"/>
			interest earned on account

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="129.79"/>
TOTAL This Period (last page this line number only)	<input type="text" value="129.79"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Democratic Senatorial Campaign Committee (DSCC)

Full Name (Last, First, Middle Initial)

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement campaign contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 25408766

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

1000.00

campaign contribution

B. Conaway For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 51272

City Midland State TX Zip Code 79710

Purpose of Disbursement campaign contribution

Candidate Name Rep. Michael K. Conaway

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 11

Transaction ID: 25408767

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

1500.00

campaign contribution

C. Ellsworth For Congress Committee

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement campaign contribution

Candidate Name Mr. Brad Ellsworth

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IN District: 08

Transaction ID: 25408768

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

500.00

campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Judy Feder For Congress</p> <p>Mailing Address 1514 Hardwood Lane</p> <p>City Mclean State VA Zip Code 22101</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Judy Feder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25408769</p> <p>Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lampson For Congress</p> <p>Mailing Address P.O. Box 58606</p> <p>City Houston State TX Zip Code 77258</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Mr. Nicholas Lampson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25408778</p> <p>Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Sestak For Congress</p> <p>Mailing Address P.O. Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. Joe Sestak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25408779</p> <p>Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 18 / 19

<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 (AOTPA)

A. Full Name (Last, First, Middle Initial) Friends Of John Barrow Mailing Address PO Box 8166 City Savannah State GA Zip Code 31412 Purpose of Disbursement campaign contribution Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25408780 Date of Disbursement 07 / 08 / 2008
	Amount of Each Disbursement this Period 1000.00 campaign contribution
B. Full Name (Last, First, Middle Initial) Moore For Congress Mailing Address PO Box 14631 City Shawnee Mission State KS Zip Code 66285 Purpose of Disbursement campaign contribution Candidate Name Rep. Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25408794 Date of Disbursement 07 / 08 / 2008
	Amount of Each Disbursement this Period 1000.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

8000.00

**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)

PAGE 19 / 19

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 4418

City Atlanta State GA Zip Code 30302

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 25455377

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

381.08

bank fees

SUBTOTAL of Disbursements This Page (optional) ►

381.08

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

381.08