

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** 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:
 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 04 30 2010

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 05 20 2010

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

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		132896.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	85356.42									
(c) Total Receipts (from Line 19)	31019.07	60408.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	116375.49	193304.98								
7. Total Disbursements (from Line 31)	10723.40	87652.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105652.09	105652.09								
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)

Write or Type Committee Name

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

Report Covering the Period: From: To:

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)	12695.92	15392.92
(ii) Unitemized	18301.13	44920.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30997.05	60313.81
(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)	30997.05	60313.81
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.)	22.02	94.25
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))	31019.07	60408.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31019.07	60408.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	223.40	1152.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	223.40	1152.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	86500.00
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	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.....	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))..	10723.40	87652.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10723.40	87652.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

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)	30997.05	60313.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30997.05	60313.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	223.40	1152.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	223.40	1152.89

**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 / 22
	<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"/>	<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) Mary Wirth		Date of Receipt
	Mailing Address 40640 N Grand 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
	City	State	Zip Code
	Antioch	IL	60002-8736
	FEC ID number of contributing federal political committee. C		Transaction ID: 34418301
Name of Employer Self Employed Occupational Therapist		Occupation Occupational Therapist	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"/>
		<input type="text"/> 365.00	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Mary Ellen Meyer		Date of Receipt
	Mailing Address 1267 Fairstead Ln		<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
	City	State	Zip Code
	Pittsburgh	PA	15217-2580
	FEC ID number of contributing federal political committee. C		Transaction ID: 34418303
Name of Employer DBA Occupational Therapy for Children		Occupation Occupational Therapist	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"/>
		<input type="text"/> 365.00	<input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Denise Chisholm		Date of Receipt
	Mailing Address 1603 Heritage Drive		<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
	City	State	Zip Code
	Pittsburgh	PA	15237-7616
	FEC ID number of contributing federal political committee. C		Transaction ID: 34418310
Name of Employer Univ of Pittsburgh, Dept of OT		Occupation Occupational Therapist	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"/>
		<input type="text"/> 405.00	<input type="text"/> 365.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1095.00
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 7 / 22
	<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) Susan Bruch Nochajski		Date of Receipt
	Mailing Address 41 Matejko St		<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 0 4 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Buffalo	NY	14206-3117
	FEC ID number of contributing federal political committee. C		Transaction ID: 34418334
Name of Employer University of Buffalo, SU-NY		Occupation Occupational Therapist	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"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Susan J Harris		Date of Receipt
	Mailing Address 2124 Sunset Blvd		<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 0 4 / 0 5 / 2 0 1 0
	City	State	Zip Code
	San Diego	CA	92103-1527
	FEC ID number of contributing federal political committee. C		Transaction ID: 34418355
Name of Employer Therapy Specialists		Occupation Occupational Therapist	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"/> 50.00
		<input type="text"/> 700.00	

C.	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 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Pleasant Grove	AL	35127-1757
	FEC ID number of contributing federal political committee. C		Transaction ID: 34418360
Name of Employer Univ of Alabama at Birmingham		Occupation Occupational Therapist	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"/> 60.92
		<input type="text"/> 243.68	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 210.92
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 8 / 22
(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)
Sandra Hanebrink

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 Wheeldogs Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 68.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: 34548216
 Amount of Each Receipt this Period: 28.00

B.

Full Name (Last, First, Middle Initial)
Sandra Hanebrink

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 Wheeldogs Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: 34548217
 Amount of Each Receipt this Period: 112.00

C.

Full Name (Last, First, Middle Initial)
Sandra Hanebrink

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 Wheeldogs Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: 34548218
 Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional) ► **365.00**

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 9 / 22
(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 (AOTPAC)

A. Full Name (Last, First, Middle Initial)
Luella Marie Grangaard

Mailing Address Po Box 832

City State Zip Code
Morongo Vly CA 92256-0832

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

Name of Employer Occupation
Eisenhower Medical Center Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 34548229

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Christina S Fons

Mailing Address 635 E High St

City State Zip Code
Milton WI 53563-1556

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

Name of Employer Occupation
Wisconsin Therapist Limited Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 34602378

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Marion Helen Titus-Desouza

Mailing Address 11 Fitchburg Rd

City State Zip Code
Ayer MA 01432-1003

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

Name of Employer Occupation
Spaulding Rehab Hosp Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2010

Transaction ID: 34602430

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

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 / 22
(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)
Ms Wendy L Keller

Mailing Address 1216 N Brand Blvd Apt 6

City State Zip Code
Glendale CA 91202-1947

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 ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 34753411

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Deane B Mccraith

Mailing Address 1547 Centre St

City State Zip Code
Newton Hlds MA 02461-1232

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

Name of Employer
Boston Univ Sargent College

Occupation
Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 34753478

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Fitzgerald Kovanis

Mailing Address 700 Amster Green Dr

City State Zip Code
Atlanta GA 30350-4139

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

Name of Employer
DBA Premier Children's Therapy Center

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
0 4 / 2 9 / 2 0 1 0

Transaction ID: 34753480

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 11 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)
Rebecca Ann Robinson-Brown

Mailing Address 6113 Chinaberry Dr

City Columbus State OH Zip Code 43213-3323

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

Name of Employer DBA Robinson-Brown and Associates Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 34753481

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Susan C Robertson

Mailing Address 5618 Greentree Rd

City Bethesda State MD Zip Code 20817-3550

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

Name of Employer NIH Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2010

Transaction ID: 34753487

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Brent Howard Braveman

Mailing Address Unit 3c
1447 W Victoria St

City Chicago State IL Zip Code 60660-4220

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 ▼ 461.68

Date of Receipt 04 / 30 / 2010

Transaction ID: 34753530

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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 12 / 22
	<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) Karen Jacobs	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address Boston University 635 Commonwealth Ave.	Transaction ID: 34753534
	City State Zip Code Boston MA 02215-1605	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Boston University Occupation Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Missi A Zahoransky	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 232 Concord Ln	Transaction ID: 34753683
	City State Zip Code Hinckley OH 44233-9662	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Integrity Home Care Occupation Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Linda Welch Ruhf	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3871 Boonsboro Rd	Transaction ID: 34753688
	City State Zip Code Lynchburg VA 24503-2424	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupational Therapist Occupation Occupational Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	915.00
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 13 / 22
	<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) Chuck Partridge		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 4720 Montgomery Ln		Transaction ID: 34753867		
	City Bethesda	State MD	Zip Code 20814-5320	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Occupational Therapy Associat	Occupation Chief Financial Officer	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Christina A Metzler		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 2153 California St., NW Apt 405		Transaction ID: 34753868		
	City Washington	State DC	Zip Code 20008-1843	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Occupational Therapy Associat	Occupation Chief Public Affairs Officer	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Karen Frank Barney		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address The Edison Condominiums 400 S 14th Street, Ste 1211		Transaction ID: 34765652		
	City Saint Louis	State MO	Zip Code 63103-2721	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Louis University	Occupation Occupational Therapist	Aggregate Year-to-Date 486.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
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 14 / 22		
	<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

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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) Katherine Margaret Post	Date of Receipt MM / DD / YYYY 04 / 28 / 2010
	Mailing Address 64 Spruceland Ave	Transaction ID: 34765653
	City State Zip Code Springfield MA 01108-2528	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Springfield College Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Linda Dean Musselman	Date of Receipt MM / DD / YYYY 04 / 28 / 2010
	Mailing Address 553 Union Valley Rd	Transaction ID: 34765654
	City State Zip Code Perryville AR 72126-8023	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Univ of Central Arkansas Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Sheri Montgomery	Date of Receipt MM / DD / YYYY 04 / 28 / 2010
	Mailing Address 313 Herschler Ave	Transaction ID: 34765791
	City State Zip Code Evanston WY 82930-5005	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Uinta County School Dist #4 Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.80	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
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 15 / 22
	<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) Susan Skees Hermes		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address 3865 Branch Ave		Transaction ID: 34765792		
	City Mount Dora	State FL	Zip Code 32757-4507	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florida Hospital Waterman	Occupation Occupational Therapist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Deborah Lynn Hinerfeld		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address 2820 Stoneglen Close		Transaction ID: 34765793		
	City Roswell	State GA	Zip Code 30076-4001	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Atlanta Speech School	Occupation Occupational Therapist			
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) Yvonne Michielle Randall		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address 6576 Appletree Cir		Transaction ID: 34765794		
	City Las Vegas	State NV	Zip Code 89103-4325	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Touro University Nevada	Occupation Occupational Therapist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00			

SUBTOTAL of Receipts This Page (optional)	▶	1030.00
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 16 / 22
(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

Mailing Address 516 2nd Ave

City Pleasant Grove State AL Zip Code 35127-1757

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

Name of Employer: Univ of Alabama at Birmingham
Occupation: Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.68

Date of Receipt: 04 / 28 / 2010
Transaction ID: 34765832
Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
M Irma Alvarado

Mailing Address 6345 Julian Rd

City Gainesville State GA Zip Code 30506-6413

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

Name of Employer: Essential Therapy Services, Inc.
Occupation: Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 29 / 2010
Transaction ID: 34765871
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Julie Ann Nastasi

Mailing Address Po Box 284

City Brewster State NY Zip Code 10509-0284

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

Name of Employer: Mercy College
Occupation: Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 04 / 29 / 2010
Transaction ID: 34765872
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 17 / 22
(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
							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

Mailing Address 1012 Demorest Mount Airy Hwy

City State Zip Code
Mount Airy GA 30563-3505

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 ▼ 461.60

Date of Receipt 04 / 29 / 2010

Transaction ID: 34765907

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Susan Beth Young

Mailing Address 7900 W 118th Pl

City State Zip Code
Overland Park KS 66210-2572

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

Name of Employer Belmont Univ Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 34765908

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Sophie Rydin

Mailing Address 5500 Holly St

City State Zip Code
Houston TX 77081-7410

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

Name of Employer Univ of Texas Medical Branch Occupation Occupational Therapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 34765911

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1665.00**

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 18 / 22
	(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)
Deborah Ann Murphy-Fischer

Mailing Address 5063 La Costa Island Ct

City State Zip Code
Punta Gorda FL 33950-8529

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

Name of Employer Not Employed Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: 34767072

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2010

Transaction ID: 34769836

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	12695.92

**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 / 22

<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 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees on account

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 34535646

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

223.40

bank fees on account

SUBTOTAL of Disbursements This Page (optional)

223.40

TOTAL This Period (last page this line number only)

223.40

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.	Full Name (Last, First, Middle Initial) Capuano For Senate Committee <hr/> Mailing Address 172 Central St <hr/> City Somerville State MA Zip Code 02145 <hr/> Purpose of Disbursement campaign contribution Candidate Name Mr. Michael Capuano <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34558426 Date of Disbursement 04 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution
B.	Full Name (Last, First, Middle Initial) Re-Elect MCGovern Committee <hr/> Mailing Address PO Box 60405 <hr/> City Worcester State MA Zip Code 01606 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. James P. McGovern <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34558427 Date of Disbursement 04 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution
C.	Full Name (Last, First, Middle Initial) Bob Filner For Congress <hr/> Mailing Address PO Box 121480 <hr/> City Chula Vista State CA Zip Code 91912 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Bob Filner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34558429 Date of Disbursement 04 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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 21 / 22

<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)

<p>A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 661 PO Box 5458</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 19</p>	<p>Transaction ID: 34558431</p> <p>Date of Disbursement 04 / 28 / 2010</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) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 05</p>	<p>Transaction ID: 34558432</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 08</p>	<p>Transaction ID: 34558433</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>campaign contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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 22 / 22

<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.

Full Name (Last, First, Middle Initial)

David Vitter For Us Senate

Mailing Address PO Box 8175

City
Metairie

State
LA

Zip Code
70011

Purpose of Disbursement
campaign contribution

Candidate Name
Sen. David Vitter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District:

Transaction ID: 34558434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

campaign contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)