

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 05 01 2008 through 05 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 06 11 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									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	103486.53									
(c) Total Receipts (from Line 19)	37206.34	114742.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	140692.87	194133.45								
7. Total Disbursements (from Line 31)	71332.45	124773.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69360.42	69360.42								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	6574.00	27644.00
(i) Itemized (use Schedule A)	30488.92	86200.84
(ii) Unitemized	37062.92	113844.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37062.92	113844.84
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.)	143.42	897.26
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))	37206.34	114742.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37206.34	114742.10

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.....	307.45	1748.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	307.45	1748.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	123000.00
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	25.00	25.00
(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))	25.00	25.00
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))..	71332.45	124773.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71332.45	124773.03

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	37062.92	113844.84
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37037.92	113819.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	307.45	1748.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	307.45	1748.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Ms Dara Teresa Steinberg

Mailing Address **537 Warburton Ave**
Apt. 2

City **Hastings On Hudson** State **NY** Zip Code **10706-1547**

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

Name of Employer **Not Employed - Student** Occupation **STUDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **05 / 02 / 2008**
Transaction ID: 24534424
 Amount of Each Receipt this Period **365.00**

B. Full Name (Last, First, Middle Initial)
 Jo Karen S Werner

Mailing Address **712 Timberleaf Ct**

City **Derby** State **KS** Zip Code **67037-3567**

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

Name of Employer **Self Employed** Occupation **OT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **05 / 02 / 2008**
Transaction ID: 24534427
 Amount of Each Receipt this Period **365.00**

C. Full Name (Last, First, Middle Initial)
 Mr Donn Edward Crouse Ii

Mailing Address **Ste 900**
3195 Dayton Xenia Rd

City **Beavercreek** State **OH** Zip Code **45434-6391**

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

Name of Employer **Self Employed** Occupation **OT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **05 / 02 / 2008**
Transaction ID: 24549963
 Amount of Each Receipt this Period **300.00**

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: (check only one)	PAGE 7 / 23
	<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 05 / 05 / 2008
	Mailing Address 41718 Browns Farm Lane	Transaction ID: 24553414
	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 ▼ 227.00

B.	Full Name (Last, First, Middle Initial) Richard J Mccauley	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 312 Magellan Dr	Transaction ID: 24689250
	City State Zip Code Sarasota FL 34243-1031	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Shawn Marie Peters-Blascyk	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 106 Cambridge Ct	Transaction ID: 24698544
	City State Zip Code Garden City KS 67846-9662	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Catherine Hospital - Western Plain Occupation OT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

SUBTOTAL of Receipts This Page (optional)	1396.00
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 8 / 23
	<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) 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 0 5 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Pittsburgh	PA	15237-7616
	FEC ID number of contributing federal political committee. C		Transaction ID: 24701198
Name of Employer Univ of Pittsburgh, Dept of OT		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"/> 40.00
		<input type="text"/> 290.00	

B.	Full Name (Last, First, Middle Initial) Monica Lee Robinson		Date of Receipt
	Mailing Address 368 W 6th 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 5 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Columbus	OH	43201-3135
	FEC ID number of contributing federal political committee. C		Transaction ID: 24701207
Name of Employer HCR Manor Care		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"/> 40.00
		<input type="text"/> 565.00	

C.	Full Name (Last, First, Middle Initial) Clara Louise Dubbs		Date of Receipt
	Mailing Address Po Box 271		<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 5 / 1 3 / 2 0 0 8
	City	State	Zip Code
	Ransom	KS	67572-0271
	FEC ID number of contributing federal political committee. C		Transaction ID: 24703994
Name of Employer Grisell Memorial Hosp Dist		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"/> 365.00
		<input type="text"/> 365.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 445.00
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 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)

<p>A. Full Name (Last, First, Middle Initial) Kathleen Louise Jordan</p> <p>Mailing Address 2526 Montana St</p> <p>City State Zip Code Lawrence KS 66046-4828</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lawrence Memorial 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 ▼ 365.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8</p> <p>Transaction ID: 24703995</p> <p>Amount of Each Receipt this Period 365.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) John Ronald Mitchell</p> <p>Mailing Address 133 N State St</p> <p>City State Zip Code Caney KS 67333-1333</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Coffeyville Regional Med Ctr OT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8</p> <p>Transaction ID: 24703996</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Ms Mary Sue Gaffke</p> <p>Mailing Address 205 S Washington</p> <p>City State Zip Code Council Grove KS 66846-1915</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Regional Health Ctr OT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8</p> <p>Transaction ID: 24704009</p> <p>Amount of Each Receipt this Period 365.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	980.00
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 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Irene Louise Herden
Mailing Address 49 Bogue Ln
City East Haddam State CT Zip Code 06423-1442
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation OT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 05 / 14 / 2008
Transaction ID: 24729076
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Catherine Benecke Varunok
Mailing Address 9 Carrington Ct
City Poughkeepsie State NY Zip Code 12603-3272
FEC ID number of contributing federal political committee. **C**
Name of Employer Vasaar Brothers Hosp Occupation OT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 05 / 15 / 2008
Transaction ID: 24729097
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Deane B McCraith
Mailing Address 1547 Centre St
City Newton Hlds State MA Zip Code 02461-1232
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston Univ Sargent College Occupation OT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 20 / 2008
Transaction ID: 24979347
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 965.00
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 / 23
	<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) Sheri Montgomery	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 313 Herschler Ave	Transaction ID: 24979786
	City State Zip Code Evanston WY 82930-5005	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation USCD #4 OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

B.	Full Name (Last, First, Middle Initial) Dr Amy Jo Lamb	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 4876 Steavenson Loop	Transaction ID: 24979940
	City State Zip Code Blair NE 68008-6393	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DBA/ AJ Lamb Consulting OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) Brent Howard Braveman	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address Unit 3c 1447 W Victoria St	Transaction ID: 24980141
	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 Occupation University of Illinois OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.00	

SUBTOTAL of Receipts This Page (optional)	422.00
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 / 23
	<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)
Patricia Ann Gromak

Mailing Address 502 S 67th St

City Omaha State NE Zip Code 68106-1102

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

Name of Employer Retired Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 22 / 2008

Transaction ID: 24980611

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Penelope A Moyers Cleveland

Mailing Address 5440 10th Ct S

City Birmingham State AL Zip Code 35222-4016

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

Name of Employer Univ of Alabama at Birmingham Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt 05 / 22 / 2008

Transaction ID: 24980765

Amount of Each Receipt this Period 31.00

C.

Full Name (Last, First, Middle Initial)
Monica Lee Robinson

Mailing Address 368 W 6th Ave

City Columbus State OH Zip Code 43201-3135

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

Name of Employer HCR Manor Care Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 05 / 22 / 2008

Transaction ID: 24980787

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ▶ **471.00**

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 13 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Donna D Hopkins

Mailing Address 306 W Harvey St

City State Zip Code
McAllen TX 78501-2078

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

Name of Employer Occupation
Hallmark Rehab OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: 24981645

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ann Blackmon

Mailing Address 21573 Waterwood Dr

City State Zip Code
Chandler TX 75758-5316

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

Name of Employer Occupation
ITS OT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: 24983233

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

TOTAL This Period (last page this line number only) ► **6574.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 23	
	(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

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) SunTrust Bank		Date of Receipt
	Mailing Address PO Box 622227		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Orlando	FL	32862-2227
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="897.26"/>	Transaction ID: 24987274 Amount of Each Receipt this Period <input type="text" value="143.42"/> interest earned on account

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="143.42"/>
TOTAL This Period (last page this line number only)	<input type="text" value="143.42"/>

**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

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)

<p>A. Full Name (Last, First, Middle Initial) Conservative Opportunity Leadership and Enterprise PAC (COLEPAC)</p> <p>Mailing Address 12176 Chancery Station Circle</p> <p>City Reston State VA Zip Code 20190</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name Conservative Opportunity Leadership and Enterprise PAC (COLEPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 24536172</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>campaign contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic National Committee Federal Account</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 24536173</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p> <p>campaign contribution</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee (NRCC)</p> <p>Mailing Address 320 1st St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 24536174</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p> <p>campaign contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="35000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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 (AOTPA)

A.	Full Name (Last, First, Middle Initial) Voice for Freedom PAC Mailing Address 2814 Spring Rd, Suite 103 City Atlanta State GA Zip Code 30039 Purpose of Disbursement campaign contribution Candidate Name Voice for Freedom PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 24536175 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00 campaign contribution
B.	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress Mailing Address 200 North Main St. P.O. Box 712 City Monticello State IN Zip Code 47960 Purpose of Disbursement campaign contribution Candidate Name Rep. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 04	Transaction ID: 24536176 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 campaign contribution
C.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 City Uwchland State PA Zip Code 19480 Purpose of Disbursement campaign contribution Candidate Name Rep. James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: 24536177 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
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

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 (AOTPA)

A. Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Gene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 29

Transaction ID: 24536178
Date of Disbursement

/

Amount of Each Disbursement this Period

campaign contribution

B. Full Name (Last, First, Middle Initial)
Mike McIntyre For Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 07

Transaction ID: 24536179
Date of Disbursement

/

Amount of Each Disbursement this Period

campaign contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Samuel Robert Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 03

Transaction ID: 24536180
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) ►

**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

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 (AOTPA)

A. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc <hr/> Mailing Address PO Box 80126 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Charles W. Boustany, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536181 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	campaign contribution
B. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 <hr/> Mailing Address 5915 Eastman Ave. Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. David Lee Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536182 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	campaign contribution
C. Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress <hr/> Mailing Address 95 Merrick Way Suite 250 <hr/> City Coral Gables State FL Zip Code 33134 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Lincoln G. Diaz-Balart <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536183 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 19 / 23

<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

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) Devin Nunes Campaign Committee <hr/> Mailing Address PO Box 6545 <hr/> City Visalia State CA Zip Code 93290 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Devin G. Nunes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536184 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 campaign contribution
B.	Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress <hr/> Mailing Address P O Box 52-2784 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Ileana Ros-Lehtinen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536185 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 campaign contribution
C.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement campaign contribution Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536186 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00 campaign contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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 (AOTPA)

A.	Full Name (Last, First, Middle Initial) Price For Congress <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536187 Date of Disbursement 05 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Campaign Contribution Category/Type: 011
B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536188 Date of Disbursement 05 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution Category/Type: 011
C.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate <hr/> Mailing Address P.O. Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement campaign contribution Candidate Name Benjamin Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24536189 Date of Disbursement 05 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> campaign contribution Category/Type: 011

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

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) Battle Born Leadership PAC	Transaction ID: 24843542 Date of Disbursement 05 / 29 / 2008
	Mailing Address 514 G Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement campaign contribution Candidate Name Battle Born Leadership PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type campaign contribution

B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee (NRSC)	Transaction ID: 24843543 Date of Disbursement 05 / 29 / 2008
	Mailing Address 425 Second Street, N.E., Third Flo	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement campaign contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type campaign contribution

C.	Full Name (Last, First, Middle Initial) Battle Born Leadership PAC	Transaction ID: 24848237 Date of Disbursement 05 / 30 / 2008
	Mailing Address 514 G Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Void - Battle Born Leadership PAC Candidate Name Battle Born Leadership PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Void - Battle Born Leader- ship PAC

SUBTOTAL of Disbursements This Page (optional)	15000.00
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

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 (AOTPA)

A.

Full Name (Last, First, Middle Initial)
Battle Born Leadership PAC

Mailing Address 514 G Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
campaign contribution

Candidate Name
Battle Born Leadership PAC

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 24848615

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

0.00

campaign contribution

B.

Full Name (Last, First, Middle Initial)
Battle Born Leadership PAC

Mailing Address 514 G Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - Battle Born Leadership PAC - Attn Erin Casey

Candidate Name
Battle Born Leadership PAC

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 24998645

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

0.00

Void - Battle Born Leadership PAC - Attn Erin Casey

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

71000.00

**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 23 / 23

<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

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)

SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 24729062

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

307.45

bank fees

SUBTOTAL of Disbursements This Page (optional)

307.45

TOTAL This Period (last page this line number only)

307.45