

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

ADDRESS (number and street) 4720 Montgomery Lane, Suite 200
Check if different than previously reported. (ACC) Bethesda MD 20814-3449

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of []

5. Covering Period [03] / [01] / [2017] through [03] / [31] / [2017]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Metzler, Christina A., , ,
Type or Print Name of Treasurer

Signature of Treasurer Metzler, Christina A., , , [Electronically Filed] Date [04] / [19] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="65952.56"/>	<input type="text" value="65952.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73280.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30395.23"/>	<input type="text" value="51863.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="103675.64"/>	<input type="text" value="117815.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20772.43"/>	<input type="text" value="34912.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="82903.21"/>	<input type="text" value="82903.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

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).....	11351.00	15046.00
(ii) Unitemized	19029.24	36775.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30380.24	51821.18
(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)	30380.24	51821.18
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.).....	14.99	41.93
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 Transfers (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)).....▶	30395.23	51863.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30395.23	51863.11

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	272.43	912.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	272.43	912.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	34000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	20772.43	34912.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20772.43	34912.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	30380.24	51821.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30380.24	51821.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	272.43	912.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	272.43	912.46

**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 OF 21
<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

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 (AOT PAC)

A. Robinson-Brown, Rebecca, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DBA Robinson-Brown and Associates Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 75064465
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cirrincione, Claudia, Joyce, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 S Meadow Ct
 City S Barrington State IL Zip Code 60010-9554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Community School District 303 Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 75064761
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Randall, Yvonne, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro University Nevada Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 75064778
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	555.00
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 OF 21
	<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	

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 (AOT PAC)

A. Robinson, Monica, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 W 10th Ave
 City Columbus State OH Zip Code 43210-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2017
Transaction ID : 75119785
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Phipps, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3827 Evans St #6
 City Los Angeles State CA Zip Code 90027-3370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rancho Las Amigos National Rehab Cente Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2017
Transaction ID : 75182086
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Currie, Mary Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3548 Weddell St
 City Dearborn State MI Zip Code 48124-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detroit Medical Center Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 75182088
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 OF 21
<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

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 (AOT PAC)

A. Bryze, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4001 Elm St
 City Downers Grove State IL Zip Code 60515-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwestern Univ Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 75182117
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Currie, Mary Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3548 Weddell St
 City Dearborn State MI Zip Code 48124-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detroit Medical Center Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2017
Transaction ID : 75222067
 Amount of Each Receipt this Period 280.00
 Memo Item

C. Rizkalla, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Hop Brook Ln
 City Holmdel State NJ Zip Code 07733-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DBA Trinity Rehab Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 26 / 2017
Transaction ID : 75222113
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	745.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<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

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 (AOT PAC)

A. Berthelette, Michael, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 S Cameron Ave
 City Tampa State FL Zip Code 33611-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMR Health Services, Inc. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 22 / 2017
Transaction ID : 75222120
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Partridge, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4267 Embassy Park Dr.
 City Washington State DC Zip Code 20016-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Occupational Therapy Associat Occupation (for Individual) Cheif Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 75309409
 Amount of Each Receipt this Period 501.00
 Memo Item

C. Nastasi, Julie, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1426 Layton Rd
 City Scott Township State PA Zip Code 18411-9773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Scranton Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 75309412
 Amount of Each Receipt this Period 730.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1331.00
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 10 OF 21
<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

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 (AOT PAC)

A. Hines, Debra, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3982 E Herrera Dr
 City Phoenix State AZ Zip Code 85050-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KidzSPOT Pediatric Therapy, Inc. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 75309413
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Miller, Denise, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Faircliff Ct
 City Glendale State CA Zip Code 91206-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GAMC Therapy and Wellness Center Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 75309419
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Crist, Patricia, Ann, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6804 W Williams Dr
 City Glendale State AZ Zip Code 85310-5226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Arizona Univ. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 75309617
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1065.00
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 OF 21
<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

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 (AOT PAC)

A. Arabit, Luis, de Leon, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 458 Rosemont Ave

City Pasadena	State CA	Zip Code 91103-3557
------------------	-------------	------------------------

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

Name of Employer (for Individual) White Memorial Medical Center	Occupation (for Individual) Occupational Therapist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2017

Transaction ID : 75309624

Amount of Each Receipt this Period
365.00

Memo Item

B. Costa, Donna, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 874 American Pacific Dr

City Henderson	State NV	Zip Code 89014-8800
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Stony Brook University	Occupation (for Individual) Occupational Therapist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

Transaction ID : 75309702

Amount of Each Receipt this Period
465.00

Memo Item

C. Zahoransky, Missi, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 232 Concord Ln

City Hinckley	State OH	Zip Code 44233-9662
------------------	-------------	------------------------

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

Name of Employer (for Individual) Total Rehabilitation Specialists	Occupation (for Individual) Occupational Therapist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

Transaction ID : 75309717

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
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 OF 21
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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 (AOT PAC)

A. Kovanis, Jennifer, Fitzgerald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Amster Green Dr
 City Atlanta State GA Zip Code 30350-4139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DBA Premier Children's Therapy Center Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 31 / 2017
Transaction ID : 75309723
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Ericksen, Judy, Beck, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Verna Court
 City Mount Joy State PA Zip Code 17552-9760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elizabethtown College Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2017
Transaction ID : 75309726
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Walters, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Edwin St
 City Chittenango State NY Zip Code 13037-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY State Office of Mental Retardation Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 289.00

Date of Receipt 03 / 31 / 2017
Transaction ID : 75309727
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1355.00
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 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (AOT PAC)

A. Clemens, Erin, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2235 Tacketts Mill Dr Ste C
 City Woodbridge State VA Zip Code 22192-3036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DBA/ Pediatric Achievements, LLC Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : 75309728
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Robosan-Burt, Susan, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Santa Maria Dr
 City Hilton Head Island State SC Zip Code 29926-1970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Enhancement Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : 75309732
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rafeedie, Samia, Husam, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11461 Segrell Way
 City Culver City State CA Zip Code 90230-5357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Southern California Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2017
Transaction ID : 75310743
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 OF 21
	<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	

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 (AOT PAC)

A. Dougherty, Deborah, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 N Broadway Apt 1se
 City Tarrytown State NY Zip Code 10591-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy College Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 75310744
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fingerhut, Patricia, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 Twin Oaks Blvd
 City Kemah State TX Zip Code 77565-2154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of TX Med Branch Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 75310745
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Skidmore, Elizabeth, Renee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Occupational Therapy 5012 Forbes Tower
 City Pittsburgh State PA Zip Code 15260-7406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 75310752
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	865.00
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 OF 21
<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

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 (AOT PAC)

A. Long, Diane, Mary, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 North St
 City Auburn State NY Zip Code 13021-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ithaca College Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 75310764
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Fontana, Paul, Andre, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 709 Kaliste Saloom Rd
 City Lafayette State LA Zip Code 70508-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DBA The Fontana Center, Center For Wor Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 75310820
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Stoffel, Virginia, Carroll, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8640 N Pelham Pkwy
 City Bayside State WI Zip Code 53217-2445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Wisconsin - Milwaukee Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 75310895
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 16 OF 21
<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

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 (AOT PAC)

A. Randall, Yvonne, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6576 Appletree Cir
 City Las Vegas State NV Zip Code 89103-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro University Nevada Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 75310897
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brinson, Mary, Hostetler, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Henry St
 City Cranston State RI Zip Code 02905-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Institute of Technology Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 75310900
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Crist, Patricia, Ann, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6804 W Williams Dr
 City Glendale State AZ Zip Code 85310-5226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Arizona Univ. Occupation (for Individual) Occupational Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 75310934
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	905.00
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 17 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (AOT PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Fisher, Thomas, F, ,

Mailing Address 8486 Admirals Landing Way

City Indianapolis	State IN	Zip Code 46236-9174
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana University	Occupation (for Individual) Occupational Therapist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 31 / 2017
Transaction ID : 75310976

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	11351.00

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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)

Form A: SunTrust Bank. Includes fields for Date of Disbursement (03/13/2017), Mailing Address (PO Box 4418, Mail Code 1948), City (Atlanta), State (GA), Zip Code (30302), Purpose of Disbursement (Bank Fees on Checking Account), Candidate Name, Office Sought, Disbursement For, State, and District. Transaction ID: 75130112, Amount: 272.43.

Form B: Empty form for another disbursement entry.

Form C: Empty form for another disbursement entry.

SUBTOTAL of Disbursements This Page (optional) 272.43
TOTAL This Period (last page this line number only) 272.43

**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"/> 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)

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City Media State PA Zip Code 19063

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Meehan, Patrick, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: PA District: 07

Date of Disbursement

/ /

FEC Identification Number

C C00466870

Transaction ID : 75069660

Amount of Each Disbursement this Period

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
Blunt Rochester, Lisa, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: DE District: 00

Date of Disbursement

/ /

FEC Identification Number

C C00590778

Transaction ID : 75069688

Amount of Each Disbursement this Period

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee (DSCC)

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C

Transaction ID : 75069714

Amount of Each Disbursement this Period

campaign contribution

Memo Item

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"/> 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)

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	7

FEC Identification Number

C C00333427

Transaction ID : 75069783

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West Chester

State
PA

Zip Code
19381

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Costello, Ryan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	7

FEC Identification Number

C C00554899

Transaction ID : 75069801

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd St

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	7

FEC Identification Number

C C00546846

Transaction ID : 75069827

Amount of Each Disbursement this Period

2500.00

campaign contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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"/> 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)

Full Name (Last, First, Middle Initial)

A. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City Philadelphia

State PA

Zip Code 19102

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Casey, Bob, P., Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

/ /

FEC Identification Number

C C00431056

Transaction ID : 75141189

Amount of Each Disbursement this Period

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester

State NY

Zip Code 14603

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Slaughter, Louise, McIntosh, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 25

Date of Disbursement

/ /

FEC Identification Number

C C00213611

Transaction ID : 75141190

Amount of Each Disbursement this Period

campaign contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie

State MN

Zip Code 55344

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name

Paulsen, Erik, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00439661

Transaction ID : 75141191

Amount of Each Disbursement this Period

campaign contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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