

**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)

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

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

Full Name (Last, First, Middle Initial)
A. Our Congress PAC

Mailing Address PO Box 344

City Prescott State AR Zip Code 71857

Purpose of Disbursement
campaign contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 3510307
Date of Disbursement
08 / 12 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

campaign contribution

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

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
campaign contribution

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House Senate President
State: NJ District B

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: 3281543
Date of Disbursement
08 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

campaign contribution

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	14000.00