

## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name:

2. Address:

4720 MONTGOMERY LANE, PO BOX 31220, BETHESDA, MD 20824-1220

3. Principal place of business (if different from line 2):

Country: City: State/Zip(or Country):

4. Contact Name: DARLENE C DENNIS

Telephone: 301-652-2682

E-mail (optional): ddennis@aota.org

Senate ID #: 2970-12

House ID #: 31617000

7. Client Name:  Self

**THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)**

### TYPE OF REPORT

8. Year 2006 Midyear (January 1 - June 30):  **OR** Year End (July 1 - December 31):

9. Check if this filing amends a previously filed version of this report:

10. Check if this is a Termination Report:  => Termination Date: 11. No Lobbying Activity:

### INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

#### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more:  => Income (nearest \$20,000): \_\_\_\_\_

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

#### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more:  => Expenses (nearest \$20,000): \_\_\_\_\_

#### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

**Method A.** Reporting amounts using LDA definitions only

**Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

**Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: EDU (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE

Covered Official Position (if applicable):

Name: JONES, DANIEL

Covered Official Position (if applicable):

Name: METZLER, CHRISTINA

Covered Official Position (if applicable):

Name: NANO, TIM

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE

Covered Official Position (if applicable):

Name: JONES, DANIEL

Covered Official Position (if applicable):

Name: METZLER, CHRISTINA

Covered Official Position (if applicable):

Name: NANO, TIM

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: INS (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE

Covered Official Position (if applicable):

Name: JONES, DANIEL

Covered Official Position (if applicable):

Name: METZLER, CHRISTINA

Covered Official Position (if applicable):

Name: NANO, TIM

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: LBR (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE  
Covered Official Position (if applicable):  
Name: JONES, DANIEL  
Covered Official Position (if applicable):  
Name: METZLER, CHRISTINA  
Covered Official Position (if applicable):  
Name: NANO, TIM  
Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: MED (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE

Covered Official Position (if applicable):

Name: JONES, DANIEL

Covered Official Position (if applicable):

Name: METZLER, CHRISTINA

Covered Official Position (if applicable):

Name: NANO, TIM

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: MMM (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE  
Covered Official Position (if applicable):  
Name: JONES, DANIEL  
Covered Official Position (if applicable):  
Name: METZLER, CHRISTINA  
Covered Official Position (if applicable):  
Name: NANO, TIM  
Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: WEL (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

Name: JACKSON, LESLIE  
Covered Official Position (if applicable):  
Name: JONES, DANIEL  
Covered Official Position (if applicable):  
Name: METZLER, CHRISTINA  
Covered Official Position (if applicable):  
Name: NANDF, TIM  
Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Signature: ON FILE Date: Aug 10, 2006

Printed Name and Title: Darlene C. Dennis, Political Action Administrator -

Registrant Name: Client Name: THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. (AOTA)

### Information Update Page:

Complete **ONLY** where registration information has changed.

**21. Client new principal place of business (if different from line 20):**

Country: USA

### LOBBYIST UPDATE

**23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client**

Name: Jackson, Leslie

### ISSUE UPDATE

**24. General lobbying issues previously reported that NO LONGER pertain**

### AFFILIATED ORGANIZATIONS

**25. Add the following organization(s)**

**26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client**

### FOREIGN ENTITIES

**27. Add the following foreign entities**

**28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization**

Signature: ON FILE      Date: Aug 10, 2006

Printed Name and Title: DARLENE C. DENNIS, POLITICAL ACTION ADMINISTRATOR -