

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
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

ADDRESS (number and street) 1111 North Fairfax St.
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00012880
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 07 01 2007 through 07 31 2007

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 Mr David Mason

Signature of Treasurer Electronically Filed by Mr David Mason Date 09 17 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
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| D | D |
| 3 | 1 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | 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>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 369222.18 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 317094.50 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 69595.32 | 342507.99 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 386689.82 | 711730.17 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 21000.00 | 346040.35 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 365689.82 | 365689.82 | | | | | | | | |
| 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

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 27623.12 | 143877.36 |
| (i) Itemized (use Schedule A) | 41028.00 | 191118.42 |
| (ii) Unitemized | 68651.12 | 334995.78 |
| (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) | 68651.12 | 334995.78 |
| 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 | 1000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 944.20 | 6512.21 |
| 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)) | 69595.32 | 342507.99 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 69595.32 | 342507.99 |

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..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 21000.00 | 342500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 3540.35 |
| 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)).. | 21000.00 | 346040.35 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 21000.00 | 346040.35 |

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) | 68651.12 | 334995.78 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 68651.12 | 334995.78 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 43 |
| | <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)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Gwyneth G. Straker | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2007 | |
| Mailing Address 1725 State St Room 4068 HSC | | Transaction ID: 20494137 | |
| City State Zip Code La Crosse WI 54601-3742 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Dept of Health Professions | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Michael H. Morgan | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2007 | |
| Mailing Address 264 Heights Road | | Transaction ID: 20494545 | |
| City State Zip Code Darien CT 06820-4122 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Darien Physical Therapy Center | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Joel Michael Johnson | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2007 | |
| Mailing Address 4361 Talbot Road S Unit 100 | | Transaction ID: 20602154 | |
| City State Zip Code Renton WA 98055-6226 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Renton Sports & Spine PT | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Timothy Lyons | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 364 Private Road 8581 | | Transaction ID: 20606194 |
| City State Zip Code Winnsboro TX 75494-8092 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Roy Christopher Junkins | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 319 Cooper Lane | | Transaction ID: 20606211 |
| City State Zip Code Easley SC 29642-8211 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed Occupation PTA | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Ira Gorman | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 254 Mary Beth Road | | Transaction ID: 20606221 |
| City State Zip Code Evergreen CO 80439-4312 | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Regis University Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 435.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1535.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Scott Jared Houwman | | Date of Receipt MM / DD / YYYY 07 / 02 / 2007 |
| Mailing Address 2100 N Kimball | | Transaction ID: 20606232 |
| City Mitchell | State SD | Zip Code 57301-1164 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Midco Network | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms. Jeannette Elliott | | Date of Receipt MM / DD / YYYY 07 / 02 / 2007 |
| Mailing Address 588 C CR2400 N | | Transaction ID: 20606237 |
| City Dewey | State IL | Zip Code 61840 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 105.00 |
| Name of Employer Self-Employed | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 205.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Shawne Elizabeth Soper | | Date of Receipt MM / DD / YYYY 07 / 02 / 2007 |
| Mailing Address 512 Diane Ln | | Transaction ID: 20606240 |
| City Richmond | State VA | Zip Code 23227-1539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Sheltering Arms | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 855.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Tschoepe | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 | |
| Mailing Address 965 Saratoga Ct | | Transaction ID: 20606284 | |
| City State Zip Code Boulder CO 80303-3233 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Regis University Occupation PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Stephen McDavitt | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 | |
| Mailing Address 49 Spring Street 3rd Floor | | Transaction ID: 20606313 | |
| City State Zip Code Scarborough ME 04074-8926 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Johanna Hendrina M Janssen | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 | |
| Mailing Address 104 Oakview Drive | | Transaction ID: 20606327 | |
| City State Zip Code Elon NC 27244-9360 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Elon University Occupation PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 700.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
 American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Dianne V. Jewell | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address VCU Department of Physical Therapy PO Box 980224 | | Transaction ID: 20606375 |
| City Richmond State VA Zip Code 23298-0224 | Amount of Each Receipt this Period 70.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Virginia Commonwealth University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation PT Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Drew G. Bossen | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 4191 Westcott Dr NE | | Transaction ID: 20606376 |
| City Iowa City State IA Zip Code 52240-7788 | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Progressive Rehab Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation PT Aggregate Year-to-Date ▼ 535.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Aimee B. Klein | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 15 Boatswain's Way | | Transaction ID: 20606383 |
| City Chelsea State MA Zip Code 02150-4017 | Amount of Each Receipt this Period 70.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer MGH Institute of Health Professions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation PT Aggregate Year-to-Date ▼ 270.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 175.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
 American Physical Therapy Association Physical Therapy Political Action Committee
 (PT-PA)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Paul A Rockar, Jr. | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 625 Walnut Street | | Transaction ID: 20606754 |
| City State Zip Code McKeesport PA 15132-2806 | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Centers for Rehab Services | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2535.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Scott James Schultz | | Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2007 |
| Mailing Address 4151 W Orleans St | | Transaction ID: 20606932 |
| City State Zip Code McHenry IL 60050-3973 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer OGPT | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Julie A. Ellis | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address 714 N College Rd Suite B | | Transaction ID: 20607478 |
| City State Zip Code Twin Falls ID 83301-3382 | Amount of Each Receipt this Period 1250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Center for Physical Rehab | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2750.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1785.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Linda E Arslanian | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 230 Bray St | | Transaction ID: 20608627 | |
| City State Zip Code Gloucester MA 01930-1551 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Health Partners | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Alan B Crothers | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 2791 S Ten Mile Road | | Transaction ID: 20608628 | |
| City State Zip Code Meridian ID 83642-6509 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Ira Gorman | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 254 Mary Beth Road | | Transaction ID: 20608629 | |
| City State Zip Code Evergreen CO 80439-4312 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Regis University | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 535.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Laurie Jean Johnson | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 430 Hartley Place | | Transaction ID: 20608630 | |
| City State Zip Code Duluth MN 55803-2473 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Workwell | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) Dr. Kathleen Ann Luedtke-Hoffmann | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 2722 Woods Lane | | Transaction ID: 20608631 | |
| City State Zip Code Garland TX 75044-2808 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Texas Women's University | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Patricia Young Naylor | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 3535 Pierland Drive | | Transaction ID: 20608632 | |
| City State Zip Code Pocahontas IL 62275-1541 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Maryville University | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Catherine E Patla

Mailing Address 19 Dolphin Drive

City State Zip Code
St. Augustine FL 32080-4530

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

Name of Employer Occupation
St. Augustine University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 20608633

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Jeanine Marie Gunn

Mailing Address 6670 Loveland-Miamiville Rd

City State Zip Code
Loveland OH 45140-8732

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 20608634

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ms. Margot M. Miller

Mailing Address 1105 Carlton Avenue

City State Zip Code
Cloquet MN 55720-1843

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

Name of Employer Occupation
Workwell Systems, Inc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 20608635

Amount of Each Receipt this Period
100.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 300.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Thomas DiAngelis | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address Ste A 5382 Cox Smith Road | | Transaction ID: 20608636 |
| City Mason State OH Zip Code 45040-9289 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Comprehensive Physical Therapy Center | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Jay H. Segal | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address 1537 Bent River Circle | | Transaction ID: 20608642 |
| City Birmingham State AL Zip Code 35216-5394 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HPRC | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Robert Williams | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address 129 Rancho Corralitos Road | | Transaction ID: 20608643 |
| City Corralitos State CA Zip Code 95076-1139 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Good Samaritan Hospital | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Mr. Patrick J. Van Beveren

Mailing Address 727 Sumner Avenue

City State Zip Code
Syracuse NY 13210-2925

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

Name of Employer Self-Employed Occupation
PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 20608645

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Anne W Thompson

Mailing Address 124 Cherryfield Lane

City State Zip Code
Savannah GA 31419-9095

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

Name of Employer Armstrong State University Occupation
PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 20608648

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Timothy Schell

Mailing Address 201 B Erie Street

City State Zip Code
Grove City PA 16127-1610

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

Name of Employer Self-Employed Occupation
PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 20608649

Amount of Each Receipt this Period
250.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 342.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 43 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Lynda D. Brown | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 850 Road 5 | | Transaction ID: 20608650 | |
| City Powell | State WY | Amount of Each Receipt this Period 100.00 | |
| Zip Code 82435-8422 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer Advantage Rehab | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|-------------|--|--|
| B. Full Name (Last, First, Middle Initial) Mrs. Pamela G Unger | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 443 Wentz St | | Transaction ID: 20608652 | |
| City Kutztown | State PA | Amount of Each Receipt this Period 100.00 | |
| Zip Code 19530-1033 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer Cellfication Inc. | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 520.00 | |

| | | | |
|---|-------------|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Jane S. Baldwin | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 | |
| Mailing Address 12 Ninth Street Apt 603 | | Transaction ID: 20608656 | |
| City Medford | State MA | Amount of Each Receipt this Period 50.00 | |
| Zip Code 02155-5165 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 | |
| Name of Employer Health Partners | | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 250.00 |
| TOTAL This Period (last page this line number only) ▶ | 250.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Darren Olson Marchant | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address 210 N Sandhill Rd Suite B | | Transaction ID: 20612352 |
| City State Zip Code Mesquite NV 89027-4789 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Virgin Valley PT PT | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Donald Keenan | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address 7 Northridge Drive East | | Transaction ID: 20612366 |
| City State Zip Code Mohnnton PA 19540-1262 | Amount of Each Receipt this Period 187.50 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Readingburks PT PT | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Dawn Mackenzie | | Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2007 |
| Mailing Address 4487 NW 36th Street | | Transaction ID: 20612384 |
| City State Zip Code Miami FL 33166-7225 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation All American Therapy PT | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 737.50 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 / 43 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Richard C. Ritter Mailing Address 28120 Riggs Court City State Zip Code Hayward CA 94542-2438 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007 Transaction ID: 20698580 Amount of Each Receipt this Period 500.00 |
| Name of Employer: University of California - San Francisco Occupation: PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Jean Marie Hammill Mailing Address 3105 28th Avenue City State Zip Code Marion IA 52302-1354 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007 Transaction ID: 20703642 Amount of Each Receipt this Period 250.00 |
| Name of Employer: Marion Physical Therapy Occupation: PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Sharon L. Dunn Mailing Address 5730 Marina Bay Dr. City State Zip Code Shreveport LA 71119-3918 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 Transaction ID: 20708157 Amount of Each Receipt this Period 50.00 |
| Name of Employer: LSU-Health Science Center Occupation: PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | |

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|--|---------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Victoria S T Tilley

Mailing Address 1101 Bartlett Circle

City Hillsborough State NC Zip Code 27278-6772

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 20708169

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Peter J McMenamin

Mailing Address 25 E Washington St Suite 1310

City Chicago State IL Zip Code 60602-1708

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

Name of Employer Physical Therapy Chicago Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 20708170

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Dianne V. Jewell

Mailing Address VCU Department of Physical Therapy
PO Box 980224

City Richmond State VA Zip Code 23298-0224

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

Name of Employer Virginia Commonwealth University Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 20708171

Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Richard L Bettesworth | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address 723 N 71st Street | | Transaction ID: 20708184 |
| City State Zip Code Seattle WA 98103-5128 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Swedish Medical Center | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Craig Andre Moore | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address PO Box 160453 | | Transaction ID: 20708185 |
| City State Zip Code Altamonte Springs FL 32716-0453 | Amount of Each Receipt this Period 41.62 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Florida Hospital Rehabilitation & Spor | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 291.34 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Gary Derscheid | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address 5320 E Shea Blvd | | Transaction ID: 20708187 |
| City State Zip Code Scottsdale AZ 85254-5749 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Arizona Sports Physical Therapy | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 591.62 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Jeremy Shane Angaran | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007 | |
| Mailing Address 5001 North Defiance Street | | Transaction ID: 20708190 | |
| City State Zip Code Tacoma WA 98407-2131 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation PT | Aggregate Year-to-Date ▼ 385.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Elmer Platz | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007 | |
| Mailing Address 418 Route 515 | | Transaction ID: 20708194 | |
| City State Zip Code Vernon NJ 07462-3027 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation PT | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Mark Rowinski | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007 | |
| Mailing Address 4 Knight Court | | Transaction ID: 20708216 | |
| City State Zip Code West Kingston RI 02892-1095 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Rhode Island Occupation PT | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 700.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen M Picard

Mailing Address 2249 River Road South

City State Zip Code
Lakeland MN 55043-9775

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

Name of Employer Occupation
Big Stone Therapies PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 20708220

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Denise Gunter Gaub

Mailing Address 2405 Cherry Ridge Lane

City State Zip Code
Columbia MO 65203-5745

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

Name of Employer Occupation
Peak Performance PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 20708222

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Ms. Judith Ann Sebring

Mailing Address 373 Bryce Drive

City State Zip Code
Morgan Hill CA 95037-5368

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

Name of Employer Occupation
HCA Healthcare PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 20708223

Amount of Each Receipt this Period
250.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 425.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Dr. Nancy B. Reese | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address 3335 Chimney Rock | | Transaction ID: 20708226 |
| City State Zip Code Conway AR 72034-3314 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University of Central Arkansas | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Kristin Von Nieda | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address 3420 Warden Dr | | Transaction ID: 20708227 |
| City State Zip Code Philadelphia PA 19129-1418 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Temple University | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Kathryn B. Stenslie | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address 772 Natchez Circle | | Transaction ID: 20708229 |
| City State Zip Code Mt Pleasant SC 29464-5420 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer PT Pros | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 250.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. William H. Dwight | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007 |
| Mailing Address 1432 East 12 Mile Road | | Transaction ID: 20708379 |
| City State Zip Code Madison Heights MI 48071-2651 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Dwight Orthopaedic Rehabilitation Co | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Wendi Wade McKenna | | Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2007 |
| Mailing Address 352 La Mesa Avenue | | Transaction ID: 20716608 |
| City State Zip Code Encinitas CA 92024-2505 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Camaron Miller Webb | | Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2007 |
| Mailing Address 2420 South Union Avenue Suite 130 | | Transaction ID: 20716617 |
| City State Zip Code Tacoma WA 98405-1306 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Clinic of Orthopedic & Sports Phy Ther | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 / 43 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Dr. William D. Bandy | | Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2007 | |
| Mailing Address 822 Cartier Ln | | Transaction ID: 20731460 | |
| City Little Rock | State AR | Amount of Each Receipt this Period 500.00 | |
| Zip Code 72211-5509 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer University of Central Arkansas | Occupation PT | Aggregate Year-to-Date ▼ 800.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Arthur Clarence Bronsord | | Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 16917 Ketocin Church Road | | Transaction ID: 20735430 | |
| City Purcellville | State VA | Amount of Each Receipt this Period 200.00 | |
| Zip Code 20132-3542 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self-Employed | Occupation PT | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Olive Whitehead | | Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address PO Box 37 | | Transaction ID: 20735433 | |
| City Jackson | State AL | Amount of Each Receipt this Period 300.00 | |
| Zip Code 36545-0037 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Health Actions | Occupation PT | Aggregate Year-to-Date ▼ 1520.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Margaret M. Grey | | Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 10 Drummond Rd | | Transaction ID: 20735434 | |
| City Enfield | State CT | Amount of Each Receipt this Period 100.00 | |
| Zip Code 06082-2532 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Grey Physical Therapy | Occupation PT | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Carol M. Davis | | Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 5915 Ponce de Leon Boulevard Division of Physical Therapy 5th | | Transaction ID: 20735437 | |
| City Coral Gables | State FL | Amount of Each Receipt this Period 100.00 | |
| Zip Code 33146-2435 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Univ of Miami School of Medicine | Occupation PT | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Alan J. Howell | | Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 5400 Kennedy Avenue | | Transaction ID: 20735438 | |
| City Cincinnati | State OH | Amount of Each Receipt this Period 50.00 | |
| Zip Code 45213-2664 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self-Employed | Occupation PT | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jerre Van Den Bent | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 2135 Elmwood Blvd | | Transaction ID: 20740021 | |
| City State Zip Code Dallas TX 75224-1010 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Therapy 2000 | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. David Francis Penn | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 3815 Fernridge Dr | | Transaction ID: 20744382 | |
| City State Zip Code Longview TX 75605-2517 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Center of Rehab Excellence | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Mark Drnach | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007 | |
| Mailing Address 107 Grant Avenue | | Transaction ID: 20744420 | |
| City State Zip Code Wheeling WV 26003-5414 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wheeling Jesuit University | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 43 (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
 American Physical Therapy Association Physical Therapy Political Action Committee
 (PT-PA)

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Sundi M. Hondl Mailing Address 809 S Chugach Street Unit 1 City State Zip Code Palmer AK 99645-6665 FEC ID number of contributing federal political committee. C Name of Employer Occupation Excel Physical Therapy Ltd PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">350.00</div> | Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 07 / 17 / 2007 </div> Transaction ID: 20744433 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div> |
|--|---|

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Dr. Marilyn Moffat Mailing Address 29 Ludlam Lane City State Zip Code Locust Valley NY 11560-1724 FEC ID number of contributing federal political committee. C Name of Employer Occupation New York University PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">2500.00</div> | Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 07 / 19 / 2007 </div> Transaction ID: 20837300 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> |
|--|--|

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. Tod Edward Gann Mailing Address 105 Tracy Lane City State Zip Code Victoria TX 77904-1527 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-Employed PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">250.00</div> | Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 07 / 20 / 2007 </div> Transaction ID: 20863861 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) ▶ | <div style="border: 1px solid black; padding: 2px;">2950.00</div> |
| TOTAL This Period (last page this line number only) ▶ | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Richard H Hoffman | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007 |
| Mailing Address 517 Isle of Palms Drive | | Transaction ID: 20863862 |
| City State Zip Code Fort Lauderdale FL 33301-2507 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed Occupation PTA | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Stephen Mark Levine | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 7520 NW 12th St | | Transaction ID: 20863875 |
| City State Zip Code Plantation FL 33313-5922 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rehabilitation Consulting & Resource I Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Connie B Miller | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 |
| Mailing Address PO Box 6 | | Transaction ID: 20865876 |
| City State Zip Code Chelan WA 98816-0006 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Chelan Physical Therapy Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Mrs. Pamela White

Mailing Address 4320 Harbour Cove Ct

City State Zip Code
Alpharetta GA 30005-4274

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

Name of Employer Occupation
None PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: 20865879

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms. Freddie Ann Regan

Mailing Address 3221 Ryan Street Suite D

City State Zip Code
Lake Charles LA 70601-8780

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

Name of Employer Occupation
Partners in Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: 20868419

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Eileen Rodri Watkins

Mailing Address 2400 Runnymede Road

City State Zip Code
Wilson NC 27896-1350

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: 20868573

Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 32 / 43 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bob H Rowe | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 1000 Briarcreek Road | | Transaction ID: 20868729 | |
| City State Zip Code Jacksonville FL 32225-5310 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Brooks Rehabilitation | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Rick Anthony Gawenda | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 7913 Creek Bend Drive | | Transaction ID: 20868933 | |
| City State Zip Code Ypsilanti MI 48197-6204 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Detroit Medical Center | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Zubin Sam Tantra | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 2426 RFD | | Transaction ID: 20869020 | |
| City State Zip Code Long Grove IL 60047-8306 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lake County Physical Therapy | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 450.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Kathleen K. Mairella | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 256 Whitford Avenue | | Transaction ID: 20869111 |
| City State Zip Code Nutley NJ 07110-1820 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 495.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Maryann Russo | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 3632 Wildwood Street | | Transaction ID: 20869279 |
| City State Zip Code Yorktown Heights NY 10598-1129 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Northern Westchester-Putnam PT Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Steven Cassabaum | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 62944 Sunset Drive | | Transaction ID: 20869657 |
| City State Zip Code Nevada IA 50201-7947 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 21st Century Rehab Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 400.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 43 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Stefanie D. Palma | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 1691 Windsor Chase Court | | Transaction ID: 20869779 | |
| City State Zip Code Lawrenceville GA 30043-4365 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NGCSU | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---|---|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. James Stoker | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 204 Carnoustie Drive | | Transaction ID: 20870189 | |
| City State Zip Code Easley SC 29642-3108 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CSMR | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Patrick Donovan Graham | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address PO Box 8068 | | Transaction ID: 20870278 | |
| City State Zip Code Columbus GA 31908-8068 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HPRC | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 350.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Kathleen Galica Devine | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 4141 S Tamiami Trail | | Transaction ID: 20870529 | |
| City State Zip Code Sarasota FL 34231-3600 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation PT Aggregate Year-to-Date ▼ 700.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Raymond C. Menhard | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 160 Lilac Ln | | Transaction ID: 20870611 | |
| City State Zip Code Greenville MS 38701-7319 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation PT Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Cindy Furey | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 5677 Oberlin Drive Suite 106 | | Transaction ID: 20870934 | |
| City State Zip Code San Diego CA 92121-1741 | Amount of Each Receipt this Period 417.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Comprehensive Therapy Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation PT Aggregate Year-to-Date ▼ 2919.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 567.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) Dr. David A. Pariser | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 5319 Manor Court | | Transaction ID: 20870948 |
| City State Zip Code Crestwood KY 40014-8845 | Amount of Each Receipt this Period 60.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Bellarmine University PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Julie Lee Rosen | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 445 Park Avenue | | Transaction ID: 20870949 |
| City State Zip Code Glencoe IL 60022-1527 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Sava Senior Care PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Michael Shannon O'Kelley | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 1519 132nd Street SE Suite A | | Transaction ID: 20870961 |
| City State Zip Code Everett WA 98208-7203 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Kitsap Physical Therapy Bainbridge Isl PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 260.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
 American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Paul O. Kraushaar | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 1737 Arbor Oaks Drive | | Transaction ID: 20870962 | |
| City State Zip Code Muscatine IA 52761-2623 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Muscatine Physical Therapy Services | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Judith Hickes | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 111 Rothsville Station Road | | Transaction ID: 20870963 | |
| City State Zip Code Lititz PA 17543-8882 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer BHB Rehab Services | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. John Hendrickson | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007 | |
| Mailing Address 8911 N Port Washington Road | | Transaction ID: 20870964 | |
| City State Zip Code Milwaukee WI 53217-1634 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sport Clinic | Occupation PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Kelly Ann Eckols

Mailing Address 6909 Westmont Dr

City State Zip Code
Colleyville TX 76034-7265

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

Name of Employer Occupation
Premier Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 20870966

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dennis J. Dougherty

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Occupation
Rehab Partners PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 20870968

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
David A Lake

Mailing Address 11935 Abercorn St

City State Zip Code
Savannah GA 31419-1909

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

Name of Employer Occupation
Armstrong Atlantic State Univ PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 20870975

Amount of Each Receipt this Period
50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 39 / 43 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Dr. William D. Bandy Mailing Address 822 Cartier Ln City Little Rock State AR Zip Code 72211-5509 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 Transaction ID: 20870976 Amount of Each Receipt this Period 50.00 |
| Name of Employer University of Central Arkansas Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Jennifer Ann Lesko Mailing Address 428 1st Ave W City Seattle State WA Zip Code 98119-4018 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 Transaction ID: 20870978 Amount of Each Receipt this Period 50.00 |
| Name of Employer Therapeutic Associates Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Lydia Radosevich Mailing Address 439 Mechem Drive City Ruidoso State NM Zip Code 88345-6813 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 Transaction ID: 20870979 Amount of Each Receipt this Period 50.00 |
| Name of Employer Ruidoso Physical Therapy Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 150.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Bruce Anthony Currie | | Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007 |
| Mailing Address 407 Oliver Dr | | Transaction ID: 20871701 |
| City State Zip Code Brookhaven MS 39601-3633 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Self-Employed PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Jennie Kane Gregory | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007 |
| Mailing Address 1002 Abercorn Place | | Transaction ID: 20877794 |
| City State Zip Code Sherwood AR 72120-6502 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation St. Vincent Health Systems PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Mark Edward Reitz | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007 |
| Mailing Address 10 Glen Meadow Dr | | Transaction ID: 20882005 |
| City State Zip Code Glen Mills PA 19342-1825 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Self-Employed PT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 700.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Leslie Torburn | | Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007 | |
| Mailing Address 3 Geranium Lane | | Transaction ID: 20905160 | |
| City State Zip Code San Carlos CA 94070-1535 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self-Employed PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Becky Thorp | | Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007 | |
| Mailing Address 6301 W 53 St | | Transaction ID: 20905187 | |
| City State Zip Code Sioux Falls SD 57106-1921 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Sioux Falls Hospital PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Erik Van Dijk | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007 | |
| Mailing Address 320 South Hollywood Blvd | | Transaction ID: 20921901 | |
| City State Zip Code Steubenville OH 43952-2423 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self-Employed PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | 27623.12 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 42 / 43 | |
| | (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 |

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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address Old Town Branch
King Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6512.21

Date of Receipt

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

Transaction ID: 21044490

Amount of Each Receipt this Period
944.20

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 944.20 |
| TOTAL This Period (last page this line number only) | ▶ | 944.20 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

Full Name (Last, First, Middle Initial)

A. Whitehead For Congress

Mailing Address PO Box 619

City State Zip Code
Evans GA 30809

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. James Whitehead

Office Sought: House
 Senate
 President
State: GA District: 10
Disbursement For: 2007
 Primary General
 Other (specify) ▼
Runoff

Transaction ID: 21236420

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Republican National Committee

Mailing Address 310 First Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

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

Transaction ID: 21236462

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. McCotter Congressional Committee

Mailing Address P.O. Box 530788

City State Zip Code
Livonia MI 48153

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Thaddeus McCotter

Office Sought: House
 Senate
 President
State: MI District: 11
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 21236606

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

21000.00