

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

ADDRESS (number and street) 1111 North Fairfax St. Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER C C00012880 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

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 Justin Moore

Signature of Treasurer Mr Justin Moore [Electronically Filed] Date 06 / 20 / 2016

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		446509.08
(b) Cash on Hand at Beginning of Reporting Period.....	449186.15	
(c) Total Receipts (from Line 19) .....	49708.37	238826.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	498894.52	685335.71
7. Total Disbursements (from Line 31).....	71759.00	258200.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	427135.52	427135.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2016 To: M M / D D / Y Y Y Y 05 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20211.62	107972.68
(ii) Unitemized .....	29416.60	130480.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49628.22	238453.42
(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) .....	49628.22	238453.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	80.15	373.21
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49708.37	238826.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49708.37	238826.63

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	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.....	67260.00	253510.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	4499.00	4690.19
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71759.00	258200.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71759.00	258200.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49628.22	238453.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49628.22	238453.42
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<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-PAC)**

**A. Mr Elmer Platz**  
Full Name (Last, First, Middle Initial)

Mailing Address 418 Route 515

City State Zip Code  
Vernon NJ 07462-3027

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 ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2016  
**Transaction ID : 71151282**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Kim Parker-Guerrero**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 Three Cross Dr

City State Zip Code  
Roswell NM 88201-7827

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

Name of Employer Occupation  
Eastern Medical Center PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2016  
**Transaction ID : 71151285**

Amount of Each Receipt this Period  
50.00

Memo Item

**c. Pamela G. Phelps**  
Full Name (Last, First, Middle Initial)

Mailing Address 1038 Von Trina Dr

City State Zip Code  
Elberton GA 30635-4567

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  
M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2016  
**Transaction ID : 71153937**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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-PAC)**

**A. Marilyn Freedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Shore Dr  
 City State Zip Code  
 Great Neck NY 11021-1711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Marilyn Freedman Physical Therapy PT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 378.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71304702**  
 Amount of Each Receipt this Period  
 328.00  
 Memo Item

**B. William G. Boissonault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 N Alfred St  
 City State Zip Code  
 Alexandria VA 22314-1956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 APTA PT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 626.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016  
**Transaction ID : 71304748**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Dr Steven Bryce Chesbro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 Dodson Ave  
 PO Box 839  
 City State Zip Code  
 Saint Michaels MD 21663-2126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alabama State University PT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 542.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016  
**Transaction ID : 71304795**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	411.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Carmen Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16431 Regatta Lane  
 City Woodbridge State VA Zip Code 22191-6368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APTA Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 208.40

Date of Receipt 05 / 12 / 2016  
**Transaction ID : 71304799**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. Mr Matt Wayne Elrod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4782 Farndon Ct  
 City Fairfax State VA Zip Code 22032-1913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APTA Occupation PT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 208.40

Date of Receipt 05 / 12 / 2016  
**Transaction ID : 71304801**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**C. Mandy Frohlich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1363 Emerald Street, NE  
 City Washington State DC Zip Code 20002-5431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APTA Occupation Lobbyist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 208.40

Date of Receipt 05 / 12 / 2016  
**Transaction ID : 71304805**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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-PAC)**

**A. Ms Heather Lauren Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 Quaker Hill Ct  
 City Alexandria State VA Zip Code 22314-4742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APTA Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 12 / 2016  
**Transaction ID : 71304813**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. Michael Matlack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 19th Street South  
 City Arlington State VA Zip Code 22204-5114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APTA Occupation Lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 12 / 2016  
**Transaction ID : 71304814**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**C. Justin D Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 1st St S  
 City Arlington State VA Zip Code 22204-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APTA Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 12 / 2016  
**Transaction ID : 71304815**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 64
	<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-PAC)**

**A. Allyson Pahmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Fairfax St

City Alexandria State VA Zip Code 22314-1484

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

Name of Employer APTA Occupation CMPT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016  
**Transaction ID : 71304816**

Amount of Each Receipt this Period  
 20.84

Memo Item

**B. Mr Robert Marston Barnes**  
Full Name (Last, First, Middle Initial)

Mailing Address 587 E Greencreek Ct

City Eagle State ID Zip Code 83616-3875

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

Name of Employer Therapeutic Associates Occupation 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 Y  
 05 / 07 / 2016  
**Transaction ID : 71312298**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Marilyn Freedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Shore Dr

City Great Neck State NY Zip Code 11021-1711

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

Name of Employer Marilyn Freedman Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 706.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : 71332035**

Amount of Each Receipt this Period  
 328.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	598.84
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms Colleen E. Chanler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N Kirklyn Ave  
 City Upper Darby State PA Zip Code 19082-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : 71355348**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Janice D. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 0800 Copper Rd Apt 3473  
 52 Gold Course Dr  
 City Frisco State CO Zip Code 80443-9996  
 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 ▼ 1000.00

Date of Receipt 05 / 20 / 2016  
**Transaction ID : 71356252**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mr Timothy Thorsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 586 Shepard St  
 City Rhinelander State WI Zip Code 54501-3552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine & Sport Clinic Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2016  
**Transaction ID : 71356254**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<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-PAC)**

**A. Barney Poole**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Eagles Landing Pkwy  
Suite 430

City Stockbridge State GA Zip Code 30281-6398

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  
05 / 20 / 2016  
**Transaction ID : 71356258**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 319 Nicklaus Ct

City Grove City State PA Zip Code 16127-3459

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 ▼ 1270.00

Date of Receipt  
05 / 05 / 2016  
**Transaction ID : 71356278**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Wesley A. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Hyannis Dr

City Asheville State NC Zip Code 28804-3231

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

Name of Employer Cornerstone Physical Therapy Self-Employed Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
05 / 06 / 2016  
**Transaction ID : 71356285**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Thomas DiAngelis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6003 Hazelwood Ln SE  
 City Bellevue State WA Zip Code 98006-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Physical Therapy Center Occupation PT  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 11 / 2016**  
**Transaction ID : 71356323**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Dennis J. Dougherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 Stonehill Way  
 City Bethlehem State PA Zip Code 18015-8964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rehab Partners Occupation PT  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 11 / 2016**  
**Transaction ID : 71356343**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Judith Dougherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 Stonehill Way  
 City Bethlehem State PA Zip Code 18015-8964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physical Therapy at St. Luke's Occupation PT  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 11 / 2016**  
**Transaction ID : 71356344**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jerry Craig Durham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 952 School St  
 City Napa State CA Zip Code 94559-2826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Francisco Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356345**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Cristina M. Fauchaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4021 Pointe Ave  
 City Zachary State LA Zip Code 70791-7346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moreau Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356346**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mr Rick Anthony Gawenda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 971862  
 City Ypsilanti State MI Zip Code 48197-0224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Detroit Medical Center Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356347**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
<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-PAC)**

**A. Dr Paul D. Gaspar**  
Full Name (Last, First, Middle Initial)

Mailing Address 748 Lynwood Dr

City Encinitas State CA Zip Code 92024-2389

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

Name of Employer Gaspar Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356348**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. Jerry L. Klug**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 Eighty Oak St Sw

City Jacksonville State AL Zip Code 36265-2701

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

Name of Employer AL Physical Rehab Service Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356349**

Amount of Each Receipt this Period  
 209.00

Memo Item

**C. Dr Jeanine Marie Gunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 6003 Hazelwood LN SE

City Bellevue State WA Zip Code 98006-2615

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 ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356350**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<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-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Laurie Jean Johnson**

Mailing Address 430 Hartley Pl

City Duluth State MN Zip Code 55803-2473

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

Name of Employer Workwell Occupation 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 Y  
 05 / 11 / 2016  
**Transaction ID : 71356351**

Amount of Each Receipt this Period  
 50.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Dr Eva Norman**

Mailing Address 11144 Hillsboro Ave N

City Champlin State MN Zip Code 55316-3128

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

Name of Employer Ortho Rehab Specialists Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356352**

Amount of Each Receipt this Period  
 50.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. William Samuel Lewis**

Mailing Address 307 York Ave

City Lubbock State TX Zip Code 79416-3103

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

Name of Employer Physical Therapy Today Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356353**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<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-PAC)**

**A. Gus F H Posthumus Meyjes**  
Full Name (Last, First, Middle Initial)

Mailing Address 8872 Professional Dr Ste C

City State Zip Code  
Cadillac MI 49601-8482

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

Name of Employer Occupation  
Dynamic Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
05 / 11 / 2016  
**Transaction ID : 71356354**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Ms Angela Wilson Pennisi**  
Full Name (Last, First, Middle Initial)

Mailing Address 825 Sherman Ave

City State Zip Code  
Evanston IL 60202-1764

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

Name of Employer Occupation  
LakeShore Sports Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
05 / 11 / 2016  
**Transaction ID : 71356355**

Amount of Each Receipt this Period  
100.00

Memo Item

**c. Ms Lydia C. Radosevich**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 Mechem Dr

City State Zip Code  
Ruidoso NM 88345-6813

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

Name of Employer Occupation  
Ruidoso Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 11 / 2016  
**Transaction ID : 71356357**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<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-PAC)**

**A. Kathleen M. Picard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2249 River Rd S  
 City Lakeland State MN Zip Code 55043-9775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Big Stone Therapies Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356358**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mr Jeffrey J. Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3405 S 117th St  
 City Omaha State NE Zip Code 68144-4642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Specialized Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356372**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sandra Lee Norby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Katrina Street PO Box 627  
 City Arnolds Park State IA Zip Code 51331-7751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Le Mars Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1285.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356474**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<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-PAC)**

**A. Belinda Hays**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1192  
321 W. Bruce St., Ste. B

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
05 / 11 / 2016  
**Transaction ID : 71356527**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Zoe Fackelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 241 Parrish St Ste A

City Canandaigua State NY Zip Code 14424-1784

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

Name of Employer Lake Country Physical Therapy & Sports Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 11 / 2016  
**Transaction ID : 71356528**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Mr Alan J. Howell**  
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Kennedy Ave

City Cincinnati State OH Zip Code 45213-2664

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 ▼  
250.00

Date of Receipt  
05 / 11 / 2016  
**Transaction ID : 71356529**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<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-PAC)**

**A. Mr Brian A. Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2238 Tradition Dr Ne  
 City Grand Rapids State MI Zip Code 49505-3985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Center for Physical Rehab Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356532**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Keith A. Glasser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 Sw 10th Ave Ste 101  
 City Portland State OR Zip Code 97205-2700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optional Result PT & Golf Conditioning Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356533**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Charles Richard Bigelow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 N Oak Ridge Rd  
 City Brandon State SD Zip Code 57005-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prairie Rehabilitation Services Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 71356535**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<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-PAC)**

**A. Ms Kelly Marie Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 Tierra Mesa  
 City Atascadero State CA Zip Code 93422-1569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Luis Sports Therapy & Orthopedic R Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356536**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Mr Brandon Michael Trachman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6210 N Villa Ave  
 City Oklahoma City State OK Zip Code 73112-7160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physical Therapy Central Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 71356538**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. David Charles Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5805 Muirfield Ln  
 City Chattanooga State TN Zip Code 37416-1053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benchmark Physical Therapy Occupation PTA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2016  
**Transaction ID : 71356539**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	395.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
	<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-PAC)**

**A. Dr James Jose Buenaventura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2030 S Cabrillo Ave Unit 207  
 City San Pedro State CA Zip Code 90731-5364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California State University Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356727**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Chad M. Novasic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1823 Landre Ct  
 City Burlington State WI Zip Code 53105-7603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer P.T. Plus Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356729**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr Stephen McDavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Bentridge Rd  
 City Falmouth State ME Zip Code 04105-2500  
 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 ▼ 250.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356730**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<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-PAC)**

**A. Mr Alan B. Crothers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2388 W Cogburn St  
 City Meridian State ID Zip Code 83642-7174  
 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 400.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356731**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Mr Paul D. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 E Ridgcrest Dr  
 City Fresno State CA Zip Code 93730-0615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Regional Medical Ctr, Fresno Self-Employed Occupation PT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 235.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356732**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cathleen M. Tarro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8301 44th St W  
 City University Place State WA Zip Code 98466-2305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation PTA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 215.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356733**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	193.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<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-PAC)**

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

Mailing Address 2002 Bartlett Cir

City Hillsborough State NC Zip Code 27278-6921

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 ▼ **220.00**

Date of Receipt **05 / 18 / 2016**

**Transaction ID : 71356734**

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ira Gorman**

Mailing Address 254 Mary Beth Rd

City Evergreen State CO Zip Code 80439-4312

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

Name of Employer Regis University Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 18 / 2016**

**Transaction ID : 71356737**

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Dr Kathleen Ann Luedtke-Hoffmann**

Mailing Address 5963 Grand Pavilion Way Unit 216

City Alexandria State VA Zip Code 22303-2280

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

Name of Employer Texas Women's University Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 18 / 2016**

**Transaction ID : 71356739**

Amount of Each Receipt this Period **100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<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-PAC)**

**A. Mrs Amy Therese Snyder**  
Full Name (Last, First, Middle Initial)

Mailing Address 1423 Saint Charles St

City Wauwatosa State WI Zip Code 53213-2721

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 ▼ 335.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356740**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Timothy Lyons**  
Full Name (Last, First, Middle Initial)

Mailing Address 364 Private Road 8581

City Winnsboro State TX Zip Code 75494-8092

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 ▼ 820.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 71356741**

Amount of Each Receipt this Period 200.00

Memo Item

**C. Terrence M. Nordstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 3938 Forest Hill Ave

City Oakland State CA Zip Code 94602-2416

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

Name of Employer Samuel Merritt College Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : 71356742**

Amount of Each Receipt this Period 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64
	<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-PAC)**

**A. Ms Michelle Beth Finnegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 England Ter  
 City Rockville State MD Zip Code 20850-1633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bethesda Physiocare Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : 71356749**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mr Thomas Jerry Bohanon Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5437 Wintergreen Rd  
 City Glen Allen State VA Zip Code 23060-9236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer In Motion Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : 71358606**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Dr Cathy H. Ciolek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Churchill Ln  
 City Wilmington State DE Zip Code 19808-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Delaware Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2016  
**Transaction ID : 71358610**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<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-PAC)**

**A. Mr Daniel E. Ciolek**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Churchill Ln

City State Zip Code  
Wilmington DE 19808-4319

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  
05 / 18 / 2016  
**Transaction ID : 71358611**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr Michelle Germaine Criss**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Penhurst Dr

City State Zip Code  
Pittsburgh PA 15235-5318

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

Name of Employer Occupation  
UPMC Center for Rehab Services PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
05 / 16 / 2016  
**Transaction ID : 71358613**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Mr David P. Potena**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Norway Ln

City State Zip Code  
Lebanon PA 17042-9098

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

Name of Employer Occupation  
Potena PT PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 18 / 2016  
**Transaction ID : 71358631**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64
	<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-PAC)**

**A. Dr Richard C. Ritter**  
Full Name (Last, First, Middle Initial)

Mailing Address 28120 Riggs Ct

City State Zip Code  
Hayward CA 94542-2438

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

Name of Employer Occupation  
Retired PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 23 / 2016  
**Transaction ID : 71359052**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr Deborah Ingram**  
Full Name (Last, First, Middle Initial)

Mailing Address 8337 Mitchell Mill Rd

City State Zip Code  
Ooltewah TN 37363-8837

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

Name of Employer Occupation  
University of Tennessee PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 27 / 2016  
**Transaction ID : 71359113**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Mr Erik Martin Jordahl**  
Full Name (Last, First, Middle Initial)

Mailing Address 22699 190th Ave

City State Zip Code  
Davenport IA 52807-9766

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

Name of Employer Occupation  
Rock Valley Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 21 / 2016  
**Transaction ID : 71360299**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
	<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-PAC)**

**A. Mr Joseph Michael King**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cleveland Ave

City Batavia State IL Zip Code 60510-2861

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

Name of Employer Physical Therapy Advantage Occupation 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 Y  
 05 / 21 / 2016  
**Transaction ID : 71360301**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. Dr Gretchen A. Seif**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 Pierce St

City Daniel Island State SC Zip Code 29492-7988

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

Name of Employer MUSC Occupation 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 Y  
 05 / 21 / 2016  
**Transaction ID : 71360302**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C. Deborah Gulbrandson**  
Full Name (Last, First, Middle Initial)

Mailing Address 429 High Rd

City Cary State IL Zip Code 60013-2630

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

Name of Employer Cary Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : 71373861**

Amount of Each Receipt this Period  
 83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	183.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
	<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-PAC)**

**A. George Eischen**  
Full Name (Last, First, Middle Initial)

Mailing Address 24076 Se Stark St Ste 200

City Gresham State OR Zip Code 97030-3376

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

Name of Employer Gresham Sports Care Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : 71378781**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. William G. Boissonault**  
Full Name (Last, First, Middle Initial)

Mailing Address 825 N Alfred St

City Alexandria State VA Zip Code 22314-1956

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

Name of Employer APTA Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 668.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : 71542980**

Amount of Each Receipt this Period  
 41.67

Memo Item

**C. Dr Steven Bryce Chesbro**  
Full Name (Last, First, Middle Initial)

Mailing Address 226 Dodson Ave  
PO Box 839

City Saint Michaels State MD Zip Code 21663-2126

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

Name of Employer Alabama State University Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 584.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : 71542982**

Amount of Each Receipt this Period  
 42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
	<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-PAC)**

**A. Carmen Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address 16431 Regatta Lane

City Woodbridge State VA Zip Code 22191-6368

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

Name of Employer APTA Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 05 / 27 / 2016  
**Transaction ID : 71542986**

Amount of Each Receipt this Period 20.84

Memo Item

**B. Justin Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Kalorama Road, NW Suite 214

City Washington State DC Zip Code 20009-3507

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

Name of Employer APTA Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 27 / 2016  
**Transaction ID : 71542987**

Amount of Each Receipt this Period 20.84

Memo Item

**C. Mr Matt Wayne Elrod**  
Full Name (Last, First, Middle Initial)

Mailing Address 4782 Farndon Ct

City Fairfax State VA Zip Code 22032-1913

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

Name of Employer APTA Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 05 / 27 / 2016  
**Transaction ID : 71542988**

Amount of Each Receipt this Period 20.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<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-PAC)**

**A. Mandy Frohlich**  
Full Name (Last, First, Middle Initial)

Mailing Address 1363 Emerald Street, NE

City Washington State DC Zip Code 20002-5431

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

Name of Employer APTA Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 05 / 27 / 2016  
Transaction ID : 71542991

Amount of Each Receipt this Period 20.84

Memo Item

**B. Ms Heather Lauren Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Quaker Hill Ct

City Alexandria State VA Zip Code 22314-4742

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

Name of Employer APTA Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 05 / 27 / 2016  
Transaction ID : 71542997

Amount of Each Receipt this Period 20.84

Memo Item

**C. Michael Matlack**  
Full Name (Last, First, Middle Initial)

Mailing Address 3908 19th Street South

City Arlington State VA Zip Code 22204-5114

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

Name of Employer APTA Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 05 / 27 / 2016  
Transaction ID : 71542998

Amount of Each Receipt this Period 20.84

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 62.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64
	<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-PAC)**

**A. Justin D Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
05 / 27 / 2016  
**Transaction ID : 71542999**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Allyson Pahmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Fairfax St

City Alexandria State VA Zip Code 22314-1484

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

Name of Employer APTA Occupation CMPT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  
05 / 27 / 2016  
**Transaction ID : 71543000**

Amount of Each Receipt this Period  
20.84

Memo Item

**c. Ms Sheryl Tompkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Fairfax St SE

City Leesburg State VA Zip Code 20175-3616

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

Name of Employer Tompkins Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 26 / 2016  
**Transaction ID : 71544174**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64
	<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-PAC)**

**A. Mr Jim Ronald Rivard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1560 140th Ave Ne Ste 100

City Bellevue State WA Zip Code 98005-4571

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

Name of Employer Manual Therapy International Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 27 / 2016**

**Transaction ID : 71544180**

Amount of Each Receipt this Period **83.34**

Memo Item

**B. Ms Deborah Jan Yingst**  
Full Name (Last, First, Middle Initial)

Mailing Address 4135 Creekview Dr

City Twin Falls State ID Zip Code 83301-5172

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 ▼ **250.00**

Date of Receipt **05 / 27 / 2016**

**Transaction ID : 71549066**

Amount of Each Receipt this Period **250.00**

Memo Item

**C. Dr Timothy Adam Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Carnegie Plz

City Cherry Hill State NJ Zip Code 08003-1000

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

Name of Employer Fox Rehabilitation Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **05 / 23 / 2016**

**Transaction ID : 71549073**

Amount of Each Receipt this Period **1000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1333.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Linda Diane John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4482 Liam Dr  
 City Frisco State TX Zip Code 75034-8431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mustang Public Schools Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : 71549080**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mr Frank C. Fantazzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lincrest Dr  
 City Brookfield State WI Zip Code 53045-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PT Plus Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : 71549082**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dr Reva P. Rauk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8987 Northcove Dr  
 City Park City State UT Zip Code 84098-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Utah Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : 71549084**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 64
	<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-PAC)**

**A. Dr Barbara Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6913 Nubian Ln  
 City Austin State TX Zip Code 78739-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas State University Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **534.00**

Date of Receipt **05 / 26 / 2016**  
**Transaction ID : 71549085**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Ms Jeanne Marie Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Tuckers Run  
 City Ledyard State CT Zip Code 06339-1000  
 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 **05 / 26 / 2016**  
**Transaction ID : 71549087**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Ms Beth Whitehead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 37 1711 College Ave  
 City Jackson State AL Zip Code 36545-0037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Actions Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 26 / 2016**  
**Transaction ID : 71549088**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
	<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-PAC)**

**A. Anne W. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Cherryfield Ln  
 City Savannah State GA Zip Code 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 **05 / 26 / 2016**  
**Transaction ID : 71549089**  
 Amount of Each Receipt this Period **42.00**  
 Memo Item

**B. Jean Ruth Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75-165 Hualalai Rd  
 City Kailua Kona State HI Zip Code 96740-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hawaiian Rehab Services Inc Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2016**  
**Transaction ID : 71549106**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**c. Dr Kathryn B. Stenslie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8907 River Rd  
 City Columbus State GA Zip Code 31904-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PT Pros Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2016**  
**Transaction ID : 71549357**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **192.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 64
	<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-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Ms Deirdre Daley</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2016 <b>Transaction ID : 71551262</b>
Mailing Address 30 Arrowhead Ln		Amount of Each Receipt this Period 500.00
City New Ipswich	State NH	Zip Code 03071-4009
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Workwell Systems	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>B. Gabe Matthew Freyaldenhoven</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2016 <b>Transaction ID : 71554280</b>
Mailing Address 802 Wood Duck Ln		Amount of Each Receipt this Period 250.00
City Russellville	State AR	Zip Code 72801-4755
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer River Valley Therapy & Sports Medicine	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>C. Ms Taylor J. Reed</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2016 <b>Transaction ID : 71720131</b>
Mailing Address 1971 W Cholla Estate Dr		Amount of Each Receipt this Period 500.00
City Tucson	State AZ	Zip Code 85704-1075
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Healthsouth	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20211.62

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

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

FOR LINE NUMBER: PAGE 46 OF 64  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
 311.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016  
**Transaction ID : 71734019**  
 Amount of Each Receipt this Period  
 69.21  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.21
<b>TOTAL</b> This Period (last page this line number only).....▶	69.21

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. Young For Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**David Young**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152612**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brad Ashford For Congress**

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brad Ashford**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152613**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Works Committee**

Mailing Address 328 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**American Works Committee**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152614**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dirigo PAC**

Mailing Address Post Office Box 1355

City Alexandria State VA Zip Code 22313-1355

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : 71152615

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael C. Burgess**

Office Sought:  House  Senate  President  
State: TX District: 26

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : 71152616

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Coffman For Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Michael Coffman**

Office Sought:  House  Senate  President  
State: CO District: 06

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : 71152617

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Susan Davis For Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement

011

Candidate Name

**Rep. Susan A. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152618**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Engel For Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

011

Candidate Name

**Eliot Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152619**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Morgan Griffith For Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

011

Candidate Name

**Rep. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152620**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Loeb sack For Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. David Wayne Loeb sack**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152621**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Sean Patrick Maloney**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152622**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Doris Matsui**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152623**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Brian Higgins For Congress**

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brian M. Higgins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

**Transaction ID : 71152625**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mcnerney For Congress**

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jerry McNeerney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

**Transaction ID : 71152636**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blum For Congress**

Mailing Address 2728 Asbury Road Suite 400

City Dubuque State IA Zip Code 52001

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Rod Blum**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

**Transaction ID : 71152637**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. Boustany for Congress**

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Charles Boustany**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152638**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand Blvd  
Ste 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Samuel Graves**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152639**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gregg Harper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152642**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dold For Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement

011

Candidate Name

**Rep. Bob James Dold Jr.**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152643**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

**Rep. Devin G. Nunes**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152644**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

**Sen. Ron Wyden**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152646**

Amount of Each Disbursement this Period

760.00

Memo Item

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

3260.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. People For Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152648**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. People For Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152676**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens For Boyle**

Mailing Address 499 S. Capitol St. Sw  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Rep. Brendan Boyle**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71152787**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Andre Carson For Congress**

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011

Category/Type

Candidate Name

**Andre Carson**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IN District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153323**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hoeven For Senate**

Mailing Address PO Box 861

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011

Category/Type

Candidate Name

**John Hoeven**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153324**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoeven For Senate**

Mailing Address PO Box 861

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011

Category/Type

Candidate Name

**John Hoeven**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153325**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Comstock For Congress**

Mailing Address PO Box 831

City State Zip Code  
Mc Lean VA 22101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Barbara J. Comstock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153326**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paul Cook For Congress**

Mailing Address PO Box 365

City State Zip Code  
Yucca Valley CA 92286

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Paul Cook**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153328**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Pearce**

Mailing Address PO Box 2696

City State Zip Code  
Hobbs NM 88241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Stevan Pearce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153329**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Tim Ryan For Congress**

Mailing Address 337 Vienna Avenue  
Suite 1

City Niles State OH Zip Code 44446

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Timothy J. (Tim) Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 17

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153330**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Buddy Carter For Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Earl Carter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153331**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : 71153332**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Ryan Costello For Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Category/Type

Candidate Name

**Ryan Costello**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : 71153333

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark Takai For Congress**

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement

011

Category/Type

Candidate Name

**Kyle Takai**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: HI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : 71153334

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lance For Congress**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Leonard Lance**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : 71153335

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Glenn Thompson**

Mailing Address 133 Water Tower Lane

City State Zip Code  
Spring Mills PA 16875

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Glenn Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2016

**Transaction ID : 71153336**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rand Paul For Us Senate**

Mailing Address 1019 State Street

City State Zip Code  
Bowling Green KY 42101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Rand Paul**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2016

**Transaction ID : 71158939**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**

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

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2016

**Transaction ID : 71314917**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

**Transaction ID : 71314936**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Loretta Sanchez For Senate**

Mailing Address PO Box 6037

City State Zip Code  
Santa Ana CA 92706

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Loretta Sanchez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

**Transaction ID : 71314937**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of John Thune**

Mailing Address PO Box 841

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. John R. Thune**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

**Transaction ID : 71314938**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Joe Heck Congress**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joe Heck**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

**Transaction ID : 71375750**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Langevin For Congress**

Mailing Address 181a Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Langevin**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

**Transaction ID : 71375754**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

67260.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Mick Bates**

Mailing Address P.O. Box 844

City Beckley State WV Zip Code 25801

Purpose of Disbursement  
Mick Bates, STATE HOUSE 30th WV

Category/  
Type

Candidate Name  
**Mick Bates**

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

Date of Disbursement

/  /

**Transaction ID : 71132258**

Amount of Each Disbursement this Period

Memo Item  
Mick Bates, STATE HOUSE 30th WV

Full Name (Last, First, Middle Initial)

**B. Friends of Ryan Ferns Committee**

Mailing Address 37 Jenna Way Drive

City Wheeling State WV Zip Code 26003

Purpose of Disbursement  
Ryan Ferns, STATE SENATE 1st WV

Category/  
Type

Candidate Name  
**WV Del. Ryan Ferns**

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

Date of Disbursement

/  /

**Transaction ID : 71132259**

Amount of Each Disbursement this Period

Memo Item  
Ryan Ferns, STATE SENATE 1st WV

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Elizabeth Thomson**

Mailing Address P.O. Box 40578

City Albuquerque State NM Zip Code 87196

Purpose of Disbursement  
Elizabeth Thomson, STATE HOUSE 24th NM

Category/  
Type

Candidate Name  
**Elizabeth Thomson**

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

Date of Disbursement

/  /

**Transaction ID : 71375751**

Amount of Each Disbursement this Period

Memo Item  
Elizabeth Thomson, STATE HOUSE 24th NM

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Julie Rogers**

Mailing Address 3428 Marlane Avenue

City Kalamazoo State MI Zip Code 49006

Purpose of Disbursement  
Julie Rogers, Local MI

Category/  
Type

Candidate Name

**Julie Rogers**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 71375752**

Amount of Each Disbursement this Period

Memo Item  
Julie Rogers, Local MI

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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