

**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

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 71152625

Amount of Each Disbursement this Period

1000.00

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

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 71152636

Amount of Each Disbursement this Period

1000.00

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

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 71152637

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)..... ▶