

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/> | | 549825.80 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 509741.11 | |
| (c) Total Receipts (from Line 19) | 34245.10 | 128690.41 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 543986.21 | 678516.21 |
| 7. Total Disbursements (from Line 31)..... | 86309.62 | 220839.62 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 457676.59 | 457676.59 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

| 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)..... | 18994.36 | 60942.02 |
| (ii) Unitemized | 15189.64 | 66060.07 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 34184.00 | 127002.09 |
| (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) | 34184.00 | 127002.09 |
| 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 | 1500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 61.10 | 188.32 |
| 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))..... ▶ | 34245.10 | 128690.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 34245.10 | 128690.41 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 86000.00 | 219500.00 |
| 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 | 30.00 |
| (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 | 30.00 |
| 29. Other Disbursements | 309.62 | 1309.62 |
| 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)) .. | 86309.62 | 220839.62 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 86309.62 | 220839.62 |

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) | 34184.00 | 127002.09 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 30.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 34184.00 | 126972.09 |
| 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 6 OF 46 |
| | <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 |
|-----------------------------|-----------------------------|-----------------------------|

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. John D. Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Hardee Place
 City Alexandria State VA Zip Code 22304-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Physical Therapy Association Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.68

Date of Receipt 03 / 01 / 2012
Transaction ID : 44392570
 Amount of Each Receipt this Period 41.67

B. Mary Jane Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Langleigh Way
 City Alexandria State VA Zip Code 22315-3454
 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 ▼ 211.68

Date of Receipt 03 / 01 / 2012
Transaction ID : 44392581
 Amount of Each Receipt this Period 41.67

C. Karen Jost
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Madison St Apt 805
 City Alexandria State VA Zip Code 22314-1747
 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 ▼ 208.00

Date of Receipt 03 / 01 / 2012
Transaction ID : 44392586
 Amount of Each Receipt this Period 42.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.34 |
| 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 7 OF 46 |
| | <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 ▼ 205.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2012

Transaction ID : 44392589

Amount of Each Receipt this Period
 41.67

B. Dr Gregory L. Waite
Full Name (Last, First, Middle Initial)

Mailing Address 991 Route 19N Suite E

City Waterford State PA Zip Code 16441

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

Name of Employer Waterford Physical Therapy, Inc. 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
 03 / 06 / 2012

Transaction ID : 44429060

Amount of Each Receipt this Period
 500.00

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

Mailing Address 241 Parrish St Ste A

City Canandaigua State NY Zip Code 14424-1727

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : 44429947

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 641.67 |
| 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: PAGE 8 OF 46
(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)

A. Mr 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 ▼ 1500.00

Date of Receipt 03 / 22 / 2012
Transaction ID : 44429948
 Amount of Each Receipt this Period 500.00

B. 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 ▼ 750.00

Date of Receipt 03 / 08 / 2012
Transaction ID : 44429949
 Amount of Each Receipt this Period 250.00

C. Brett Alan Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 E Riverview Expy Ste 140
 City Wisconsin Rapids State WI Zip Code 54494-5471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roberts Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2012
Transaction ID : 44429955
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 9 OF 46 |
| | <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. Ronald P. Eynaud
Full Name (Last, First, Middle Initial)

Mailing Address 30601 Hamilton Dr

City Exeter State CA Zip Code 93221-9690

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

Name of Employer PRO Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 44429960

Amount of Each Receipt this Period
100.00

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 44429961

Amount of Each Receipt this Period
100.00

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 44429964

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 46
(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. Mindy Sue Marantz

Mailing Address 1200 Gough St Ste 700

City State Zip Code
 San Francisco CA 94109-6650

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

Name of Employer Occupation
 Healthwell Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 08 / 2012
Transaction ID : 44429969

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Todd J. Martin

Mailing Address 1545 Verano Way

City State Zip Code
 Nipomo CA 93444-9793

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

Name of Employer Occupation
 PRO-PT PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 08 / 2012
Transaction ID : 44429970

Amount of Each Receipt this Period
 100.00

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

Mailing Address 901 Hinman Ave Apt 2f

City State Zip Code
 Evanston IL 60202-1820

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 ▼
 300.00

Date of Receipt
 03 / 08 / 2012
Transaction ID : 44429975

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 46 |
| | <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. Paul J. Welk

Mailing Address 278 Walnut St

City Blawnox State PA Zip Code 15238-3331

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

Name of Employer Tucker Law Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **03 / 08 / 2012**

Transaction ID : 44429998

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1560 140th Ave NE Suite 100

City Bellevue State WA Zip Code 98005-4571

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 08 / 2012**

Transaction ID : 44430007

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
C. Mr Raymond C. Menhard

Mailing Address 160 Lilac Ln

City Greenville State MS Zip Code 38701-7319

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 ▼ **225.00**

Date of Receipt **03 / 08 / 2012**

Transaction ID : 44430023

Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **225.00**

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 12 OF 46 |
| | <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. Drew G. Bossen
Full Name (Last, First, Middle Initial)

Mailing Address 4191 Westcott Dr Ne

City Iowa City State IA Zip Code 52240-7788

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

Name of Employer Progressive Rehab Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 03 / 08 / 2012
Transaction ID : 44430025

Amount of Each Receipt this Period
 150.00

B. Thomas DiAngelis
Full Name (Last, First, Middle Initial)

Mailing Address 1944 Pacific Ave Ste 900

City Tacoma State WA Zip Code 98402-3129

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

Name of Employer Comprehensive Physical Therapy Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 08 / 2012
Transaction ID : 44430026

Amount of Each Receipt this Period
 100.00

c. Dr Stephen Mark Levine
Full Name (Last, First, Middle Initial)

Mailing Address 7520 Nw 12th St

City Plantation State FL Zip Code 33313-5922

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

Name of Employer Rehabilitation Consulting & Resource I Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 08 / 2012
Transaction ID : 44430034

Amount of Each Receipt this Period
 100.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 46 |
| | <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. Margot M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Carlton Ave
 City Cloquet State MN Zip Code 55720-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Workwell Systems, Inc. Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2012
Transaction ID : 44430035
 Amount of Each Receipt this Period 100.00

B. Mrs Secili Hurley DeStefano
 Full Name (Last, First, Middle Initial)
 Mailing Address 43217 Lindsay Marie Dr
 City Ashburn State VA Zip Code 20147-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2012
Transaction ID : 44430054
 Amount of Each Receipt this Period 100.00

C. Ms Margaret M. Grey
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Drummond Rd
 City Enfield State CT Zip Code 06082-2532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grey Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2012
Transaction ID : 44430056
 Amount of Each Receipt this Period 100.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 46 |
| | <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. Jay H. Segal
Full Name (Last, First, Middle Initial)

Mailing Address 1537 Bent River Cir

City Birmingham State AL Zip Code 35216-5394

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

Name of Employer HPRC Occupation 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
 03 / 08 / 2012

Transaction ID : 44430058

Amount of Each Receipt this Period
 100.00

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : 44430063

Amount of Each Receipt this Period
 500.00

C. Rodney A. Miyasaki
Full Name (Last, First, Middle Initial)

Mailing Address 324 Holly Cir

City Sandy State UT Zip Code 84070-3436

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

Name of Employer Westwood Physical Therapy Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : 44430070

Amount of Each Receipt this Period
 125.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 725.00 |
| 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 15 OF 46 |
| | <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. Pamela G. Phelps
Full Name (Last, First, Middle Initial)
Mailing Address 1038 Von Trina Dr
City Elberton State GA Zip Code 30635-4567
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 **500.00**

Date of Receipt **03 / 07 / 2012**
Transaction ID : 44480679
Amount of Each Receipt this Period **250.00**

B. Jerre Van Den Bent
Full Name (Last, First, Middle Initial)
Mailing Address 3601 Springbrook St
City Dallas State TX Zip Code 75205-4338
FEC ID number of contributing federal political committee. **C**
Name of Employer Therapy 2000 Occupation PT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 09 / 2012**
Transaction ID : 44556456
Amount of Each Receipt this Period **2500.00**

C. Tyann Marie Beenken
Full Name (Last, First, Middle Initial)
Mailing Address 1408 Highway 9
City Swea City State IA Zip Code 50590-8625
FEC ID number of contributing federal political committee. **C**
Name of Employer North Iowa Physical Therapy Occupation PT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 09 / 2012**
Transaction ID : 44568528
Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 46
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)
A. Ms Lynda D. Brown

Mailing Address 850 Road 5

City Powell State WY Zip Code 82435-8422

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

Name of Employer Advantage Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 03 / 15 / 2012
Transaction ID : 44578921

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Ms Beth Whitehead

Mailing Address PO Box 37 1711 Coollege 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 ▼ **750.00**

Date of Receipt
 03 / 15 / 2012
Transaction ID : 44578923

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr Sharon L. Dunn

Mailing Address 5730 Marina Bay Dr

City Shreveport State LA Zip Code 71119-3918

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

Name of Employer LSUHSC-Shreveport Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 03 / 15 / 2012
Transaction ID : 44578924

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **450.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 46 |
| | <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. Jerry Klug
Full Name (Last, First, Middle Initial)
Mailing Address 1475 1st Ave Sw
City Jacksonville State AL Zip Code 36265-3337
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 **624.99**

Date of Receipt **03 / 15 / 2012**
Transaction ID : 44578926
Amount of Each Receipt this Period **208.33**

B. Ms Victoria S T Tilley
Full Name (Last, First, Middle Initial)
Mailing Address 1101 Bartlett Cir
City Hillsborough State NC Zip Code 27278-6772
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation PT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 15 / 2012**
Transaction ID : 44578927
Amount of Each Receipt this Period **100.00**

C. Kristin Von Nieda
Full Name (Last, First, Middle Initial)
Mailing Address 3420 Warden Dr
City Philadelphia State PA Zip Code 19129-1418
FEC ID number of contributing federal political committee. **C**
Name of Employer Temple University Occupation PT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 15 / 2012**
Transaction ID : 44578938
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **408.33**
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 18 OF 46 |
| | <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. Jerry Craig Durham | | Date of Receipt MM / DD / YYYY 03 / 15 / 2012 Transaction ID : 44578957 |
| Mailing Address 6957 Saroni Dr | | Amount of Each Receipt this Period 200.00 |
| City Oakland | State CA | |
| Zip Code 94611-1416 | | Aggregate Year-to-Date ▼ 600.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer San Francisco Physical Therapy | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms Sundi M. Hondl | | Date of Receipt MM / DD / YYYY 03 / 15 / 2012 Transaction ID : 44578958 |
| Mailing Address 5055 E Fernwood Dr | | Amount of Each Receipt this Period 100.00 |
| City Wasilla | State AK | |
| Zip Code 99654-4421 | | Aggregate Year-to-Date ▼ 300.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Excel Physical Therapy Ltd | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|------------------|---|
| Full Name (Last, First, Middle Initial) C. Steven Cassabaum | | Date of Receipt MM / DD / YYYY 03 / 15 / 2012 Transaction ID : 44578960 |
| Mailing Address 62944 Sunset Dr | | Amount of Each Receipt this Period 250.00 |
| City Nevada | State IA | |
| Zip Code 50201-7947 | | Aggregate Year-to-Date ▼ 750.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 21st Century Rehab | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 550.00 |
| 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: | PAGE 19 OF 46 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 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. Mr Rick Anthony Gawenda | | Date of Receipt MM / DD / YYYY 03 / 15 / 2012 Transaction ID : 44578962 |
| Mailing Address 7913 Creek Bend Dr | | Amount of Each Receipt this Period 100.00 |
| City Ypsilanti | State MI | Zip Code 48197-6204 |
| FEC ID number of contributing federal political committee. C | Name of Employer Detroit Medical Center | Occupation PT |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Kathleen K. Mairella | | Date of Receipt MM / DD / YYYY 03 / 15 / 2012 Transaction ID : 44578964 |
| Mailing Address 256 Whitford Ave | | Amount of Each Receipt this Period 100.00 |
| City Nutley | State NJ | Zip Code 07110-1820 |
| FEC ID number of contributing federal political committee. C | Name of Employer Self-Employed | Occupation PT |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Barney Poole | | Date of Receipt MM / DD / YYYY 03 / 15 / 2012 Transaction ID : 44580160 |
| Mailing Address 917 Eagles Landing Pkwy | | Amount of Each Receipt this Period 250.00 |
| City Stockbridge | State GA | Zip Code 30281-5011 |
| FEC ID number of contributing federal political committee. C | Name of Employer Self-Employed | Occupation PT |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 46 |
| | <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. Timothy Lyons

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 ▼ **400.00**

Date of Receipt **03 / 13 / 2012**

Transaction ID : 44586781

Amount of Each Receipt this Period **200.00**

Full Name (Last, First, Middle Initial)
B. Connie Hauser

Mailing Address 235 S Main St

City Barbourville State KY Zip Code 40906-1117

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

Name of Employer Kentucky Physical Therapy & Rehab, Inc Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **03 / 16 / 2012**

Transaction ID : 44603904

Amount of Each Receipt this Period **1500.00**

Full Name (Last, First, Middle Initial)
C. John D. Barnes

Mailing Address 1005 Hardee Place

City Alexandria State VA Zip Code 22304-1719

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

Name of Employer American Physical Therapy Association Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **248.35**

Date of Receipt **03 / 16 / 2012**

Transaction ID : 44603932

Amount of Each Receipt this Period **41.67**

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1741.67 |
| 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 21 OF 46 |
| | <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. Mary Jane Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Langleigh Way
 City Alexandria State VA Zip Code 22315-3454
 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 ▼ 253.35

Date of Receipt 03 / 16 / 2012
Transaction ID : 44603968
 Amount of Each Receipt this Period 41.67

B. Karen Jost
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Madison St Apt 805
 City Alexandria State VA Zip Code 22314-1747
 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 ▼ 250.00

Date of Receipt 03 / 16 / 2012
Transaction ID : 44604024
 Amount of Each Receipt this Period 42.00

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 ▼ 246.82

Date of Receipt 03 / 16 / 2012
Transaction ID : 44604026
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.34
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 22 OF 46 |
| | <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)

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Linda Dachs | | Date of Receipt 03 / 22 / 2012 Transaction ID : 44607002 |
| Mailing Address 16035 W Prestwick Pl | | Amount of Each Receipt this Period 500.00 |
| City Miami Lakes | State FL | Zip Code 33014-6527 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 500.00 | |
| Name of Employer Palmetto General Hospital | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Sheila K. Nicholson | | Date of Receipt 03 / 16 / 2012 Transaction ID : 44607005 |
| Mailing Address 6143 Whimbrelwood Dr | | Amount of Each Receipt this Period 300.00 |
| City Lithia | State FL | Zip Code 33547-4101 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 300.00 | |
| Name of Employer Self-Employed | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. David Shane Wickenden | | Date of Receipt 03 / 01 / 2012 Transaction ID : 44614898 |
| Mailing Address 22 E 41st St | | Amount of Each Receipt this Period 500.00 |
| City New York | State NY | Zip Code 10017-6275 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 500.00 | |
| Name of Employer Kiwi Physical Therapy | Occupation PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1300.00 |
| 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 23 OF 46 |
| | <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 Robert J. Sillevs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1195 S Dekalb St
 City Hobart State IN Zip Code 46342-5827
 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 **03 / 07 / 2012**
Transaction ID : 44614923
 Amount of Each Receipt this Period **250.00**

B. Cory James Sylliaasen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 Sunrise Cir
 City Wahoo State NE Zip Code 68066-5565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Makovicka Sylliaasen Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 19 / 2012**
Transaction ID : 44615097
 Amount of Each Receipt this Period **1000.00**

C. Ms Laura Ann Schindler
 Full Name (Last, First, Middle Initial)
 Mailing Address Advanced Physical Therapy Solution
 501 Executive PI
 City Fayetteville State NC Zip Code 28305-5390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Physical Therapy Solutions Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 19 / 2012**
Transaction ID : 44615100
 Amount of Each Receipt this Period **100.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| 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 24 OF 46 |
| | <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 Peter J. McMenam
Full Name (Last, First, Middle Initial)

Mailing Address 130 N Garland Ct Apt 3805

City Chicago State IL Zip Code 60602-4836

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

Name of Employer Northwestern University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : 44764804

Amount of Each Receipt this Period
250.00

B. Helene M. Fearon
Full Name (Last, First, Middle Initial)

Mailing Address 5226 E Via Buena Vis

City Paradise Valley State AZ Zip Code 85253-2122

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 ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : 44764818

Amount of Each Receipt this Period
1250.00

c. John G. Wallace
Full Name (Last, First, Middle Initial)

Mailing Address 209 Westvale Rd

City Duarte State CA Zip Code 91010-1304

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

Name of Employer BMS Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : 44764869

Amount of Each Receipt this Period
500.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 25 OF 46 |
| | <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. Mr Michael P. Danford
 Full Name (Last, First, Middle Initial)
 Mailing Address 19114 Angeline Ave Ne
 City Suquamish State WA Zip Code 98392-9781
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012
Transaction ID : 44777255
 Amount of Each Receipt this Period
 500.00

B. Robert Babb
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 S Broad St
 City Lansdale State PA Zip Code 19446-5211
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012
Transaction ID : 44777687
 Amount of Each Receipt this Period
 500.00

C. Dr James M. Syms
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 406
 City Lake Arrowhead State CA Zip Code 92352-0406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda University 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
 03 / 29 / 2012
Transaction ID : 44779890
 Amount of Each Receipt this Period
 500.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 46 |
| | <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. Diane Ongirski Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Widecombe Ct
 City Cary State NC Zip Code 27513-4765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNC Hospitals Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2012
Transaction ID : 44779896
 Amount of Each Receipt this Period 250.00

B. Brad A. Thuringer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 17th Ave S
 City Brookings State SD Zip Code 57006-4099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Area Technical Institute Occupation PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2012
Transaction ID : 44779899
 Amount of Each Receipt this Period 100.00

C. Mr Matthew J. Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 335 Irvine Rd
 City Lexington State KY Zip Code 40502-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KORT Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2012
Transaction ID : 44804074
 Amount of Each Receipt this Period 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 46 |
| | <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. William Franklin McGehee
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Circuit Ct
 City East Peoria State IL Zip Code 61611-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bradley University Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2012
Transaction ID : 44804075
 Amount of Each Receipt this Period 500.00

B. John D. Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Hardee Place
 City Alexandria State VA Zip Code 22304-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Physical Therapy Association Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.02

Date of Receipt 03 / 29 / 2012
Transaction ID : 44804077
 Amount of Each Receipt this Period 41.67

C. Mary Jane Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Langleigh Way
 City Alexandria State VA Zip Code 22315-3454
 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 ▼ 295.02

Date of Receipt 03 / 29 / 2012
Transaction ID : 44804085
 Amount of Each Receipt this Period 41.67

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 583.34 |
| 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 28 OF 46 |
| | <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. Karen Jost
Full Name (Last, First, Middle Initial)

Mailing Address 400 Madison St Apt 805

City Alexandria State VA Zip Code 22314-1747

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 ▼ 292.00

Date of Receipt 03 / 29 / 2012
Transaction ID : 44804087

Amount of Each Receipt this Period 42.00

B. 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 ▼ 288.49

Date of Receipt 03 / 29 / 2012
Transaction ID : 44804090

Amount of Each Receipt this Period 41.67

C. Mr David Brian Hutchinson
Full Name (Last, First, Middle Initial)

Mailing Address 1896 Candleridge Dr

City Twin Falls State ID Zip Code 83301-8302

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

Name of Employer Body Balance Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2012
Transaction ID : 44804914

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.67

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 29 OF 46 |
| | <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. Dr Gina Maria Musolino | | Date of Receipt |
| Mailing Address 3315 Chapel Creek Circle | | <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City Wesley Chapel State FL Zip Code 33544-7703 | | Transaction ID : 44804919 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer University of South Florida Occupation PT | | <input type="text" value="500.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="500.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr Rebecca Craik | | Date of Receipt |
| Mailing Address 123 Oberholtzer Rd | | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/> |
| City Gilbertsville State PA Zip Code 19525-8619 | | Transaction ID : 44827430 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Arcadia University Occupation PT | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Jerry Arthur Smith | | Date of Receipt |
| Mailing Address 8534 Brittany Ct N | | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City Indianapolis State IN Zip Code 46236-9015 | | Transaction ID : 44958191 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Clarian Hospital Occupation PT | | <input type="text" value="35.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="535.00"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="785.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="18994.36"/> |

**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. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Mailing Address P.O. Box 11091

Transaction ID : 44555868

City State Zip Code
Chattanooga TN 37401

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Mr. Charles Fleischmann

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

B. Huffman For Congress 2012 Exploratory Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Mailing Address P.O. Box 151563

Transaction ID : 44555871

City State Zip Code
San Rafael CA 94915

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Jared Huffman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 06

Full Name (Last, First, Middle Initial)

C. Eric Pac

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Mailing Address 209 Pennsylvania Avenue, SE

Transaction ID : 44555876

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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. Diana Degette For Congress

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement

011

Candidate Name

Ms. Diana Degette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555882

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Jeff Duncan For Congress

Mailing Address PO Box 845

City State Zip Code
Laurens SC 29360

Purpose of Disbursement

011

Candidate Name

Rep. Jeff Duncan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555884

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement

011

Candidate Name

Ms. Anna Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555886

Amount of Each Disbursement this Period

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

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. Fund for America's Future

Mailing Address 900 2nd Street, NE
Suite 114

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 44555887

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Trey Gowdy For Congress

Mailing Address PO Box 3324

City Spartanburg State SC Zip Code 29304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Trey Gowdy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 04

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 44555888

Amount of Each Disbursement this Period

1000.00

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

Mr. S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 44555889

Amount of Each Disbursement this Period

2000.00

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

8000.00

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. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City State Zip Code
Utica NY 13503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Richard Hanna

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555890

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Rush Holt For Congress

Mailing Address PO Box 782

City State Zip Code
Pennington NJ 08534

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rush D. Holt

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555891

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555893

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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. Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

011

Candidate Name

Mr. Tim Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 44555894

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181a Knight Street

City State Zip Code
Warwick RI 02886

Purpose of Disbursement

011

Candidate Name

Mr. James Langevin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 44555895

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City State Zip Code
Everett WA 98206

Purpose of Disbursement

011

Candidate Name

Mr. Richard Larsen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 44555896

Amount of Each Disbursement this Period

1500.00

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. Nita Lowey For Congress

Mailing Address PO Box 271

City State Zip Code
White Plains NY 10605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Nita Lowey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555897

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ben Ray Lujan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555898

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. McCotter Congressional Committee

Mailing Address PO Box 530788

City State Zip Code
Livonia MI 48153

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thaddeus G. McCotter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555899

Amount of Each Disbursement this Period

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

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. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Frank Pallone

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 44555906

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Edwin Perlmutter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 44555908

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Quigley For Congress

Mailing Address PO Box 13040

City State Zip Code
Chicago IL 60613

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael Quigley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 44555909

Amount of Each Disbursement this Period

1000.00

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. Jon Runyan For Congress, Inc

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement

011

Candidate Name

Rep. Jon Daniel Runyan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555910

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Dutch Ruppensberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City State Zip Code
Timonium MD 21093

Purpose of Disbursement

011

Candidate Name

C.A. Dutch Ruppensberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555912

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Mailing Address 50 E St, Se
Suite 1

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

Rep. Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555913

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 3000.00 |
|---------|

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

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| |
|--|

**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. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555920

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Candidate Name

Rep. Timothy J. Walz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555921

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Candidate Name

Ms. Karen Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 1 | 2 |

Transaction ID : 44555922

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 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. Wicker For Senate

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement

011

Candidate Name

Mr. Roger Wicker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555924

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011

Candidate Name

Mr. Orrin Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2012 |

Transaction ID : 44555926

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address P.O. Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 20 | | 2012 |

Transaction ID : 44651520

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

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

| |
|---------|
| 5500.00 |
|---------|

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

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**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. Committee To Elect Michelle Lujan Grisham

Mailing Address 2015 Dietz Pl Nw

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michelle Grisham

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 20 | / | 2012 |

Transaction ID : 44652687

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Kirkpatrick For Arizona

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85130

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Ann Kirkpatrick

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 20 | / | 2012 |

Transaction ID : 44653235

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Ron Barber for Congress

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ron Barber

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Special-Primary2012

State: AZ District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 20 | / | 2012 |

Transaction ID : 44653577

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

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

| |
|---------|
| 6500.00 |
|---------|

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

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|--|

**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. The Freedom Project

Mailing Address 111 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : 44790734

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. John Boehner

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : 44790736

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Frederick Upton

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : 44790737

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

86000.00

**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. United States Treasury Department

Mailing Address

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
1120-POL 2011 Federal Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 44373303

Amount of Each Disbursement this Period

1120-POL 2011 Federal Taxes

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

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

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

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