

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer Mr Justin Moore [Electronically Filed] Date 10 / 20 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		497652.27
(b) Cash on Hand at Beginning of Reporting Period.....	370215.02	
(c) Total Receipts (from Line 19)	45261.21	428702.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	415476.23	926354.31
7. Total Disbursements (from Line 31).....	119520.00	630398.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	295956.23	295956.23
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	26460.45	199590.88
(ii) Unitemized	18249.40	226260.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44709.85	425850.93
(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)	44709.85	425850.93
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	551.36	851.11
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))..... ▶	45261.21	428702.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45261.21	428702.04

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	117000.00	619740.00
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	500.00
(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	500.00
29. Other Disbursements	2520.00	10158.08
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)) ..	119520.00	630398.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119520.00	630398.08

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)	44709.85	425850.93
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44709.85	425350.93
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 72
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Brock Monger

Mailing Address 230 Sw 5th St

City Madras State OR Zip Code 97741-1341

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

Name of Employer Apex Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : 61441840

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Susan Michlovitz

Mailing Address 15 Lisa Ln

City Ithaca State NY Zip Code 14850-1762

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : 61454613

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Harrison Fleming Hunt

Mailing Address 1126 Richie Farm Ln

City Big Island State VA Zip Code 24526-3244

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

Name of Employer Rehabilitation Associates of Central V Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : 61494582

Amount of Each Receipt this Period
 715.00

SUBTOTAL of Receipts This Page (optional).....▶	1465.00
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 7 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr Joseph William Spagnolo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 Valley Vista Ln
 City Forest State VA Zip Code 24551-4369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehabilitation Associates of Central V Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : 61494852
 Amount of Each Receipt this Period
 715.00

B. Dr Michael Powell Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Kingston Dr
 City Forest State VA Zip Code 24551-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehabilitation Associates of Central V Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : 61495051
 Amount of Each Receipt this Period
 715.00

C. Dr Andrew J. Tatom III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2012 Oak Park Place
 City Lynchburg State VA Zip Code 24503-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RACV Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : 61495363
 Amount of Each Receipt this Period
 715.00

SUBTOTAL of Receipts This Page (optional).....▶	2145.00
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 8 OF 72
	<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. Dr Joshua Allen Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 20311b Timberlake Rd
 City Lynchburg State VA Zip Code 24502-7203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehabilitation Associates of Central V Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **715.00**

Date of Receipt
 09 / 02 / 2014
Transaction ID : 61495532
 Amount of Each Receipt this Period
715.00

B. Kevin Cope
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 569
 4262 S. Amherst Hwy., Ste 102
 City Madison Heights State VA Zip Code 24572-0569
 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 **715.00**

Date of Receipt
 09 / 02 / 2014
Transaction ID : 61495707
 Amount of Each Receipt this Period
715.00

C. Mr John M. Wallman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1184 Shadow Peak Rd
 City Forest State VA Zip Code 24551-2665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehab Associates of Central Virginia Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **715.00**

Date of Receipt
 09 / 02 / 2014
Transaction ID : 61495878
 Amount of Each Receipt this Period
715.00

SUBTOTAL of Receipts This Page (optional).....	2145.00
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 72
	<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. Jennie Kane Gregory

Mailing Address 1002 Abercorn Pl

City Sherwood State AR Zip Code 72120-6502

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

Name of Employer St. Vincent Health Systems 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
 09 / 02 / 2014
Transaction ID : 61496888

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr Louis Franklin Reaper

Mailing Address 7 River Oaks Blvd

City Searcy State AR Zip Code 72143-4503

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

Name of Employer Reaper Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : 61497109

Amount of Each Receipt this Period
500.00

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

Mailing Address 1560 140th Ave Ne Ste 100

City Bellevue State WA Zip Code 98005-4571

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

Name of Employer Manual Therapy International Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2014
Transaction ID : 61625051

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
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: PAGE 10 OF 72
(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. Maria V. Gerlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 W End Ave Apt 12e
 City New York State NY Zip Code 10025-8408
 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 ▼ 600.00

Date of Receipt 09 / 03 / 2014
Transaction ID : 61625052
 Amount of Each Receipt this Period 75.00

B. Claudia Yolande Kerns
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 Park Springs Ct
 City Oak Park State CA Zip Code 91377-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Joy for Kids, Inc. Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.75

Date of Receipt 09 / 03 / 2014
Transaction ID : 61625053
 Amount of Each Receipt this Period 31.25

C. Kathleen K. Mairella
 Full Name (Last, First, Middle Initial)
 Mailing Address 256 Whitford Ave
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 09 / 03 / 2014
Transaction ID : 61625079
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.25
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 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms Holly Clynych
Full Name (Last, First, Middle Initial)
Mailing Address 18220 Ginavale Ln
City Eden Prairie State MN Zip Code 55346-2107
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Catherine University Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 04 / 2014
Transaction ID : **61625289**
Amount of Each Receipt this Period 50.00

B. Ann Giffin
Full Name (Last, First, Middle Initial)
Mailing Address 8949 Wesley Pl
City Knoxville State TN Zip Code 37922-5916
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Tennessee Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 05 / 2014
Transaction ID : **61627775**
Amount of Each Receipt this Period 100.00

C. Connie B Miller
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6
City Chelan State WA Zip Code 98816-0006
FEC ID number of contributing federal political committee. **C**
Name of Employer Chelan Physical Therapy Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2014
Transaction ID : **61627776**
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms Sheryl Tompkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Fairfax St SE
 City Leesburg State VA Zip Code 20175-3616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tompkins Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : 61631901
 Amount of Each Receipt this Period
 250.00

B. Ms Dawn N. Bookshar
 Full Name (Last, First, Middle Initial)
 Mailing Address 13907 Kneisel Rd
 City Vermilion State OH Zip Code 44089-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Rehab Services Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : 61633470
 Amount of Each Receipt this Period
 100.00

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2014
Transaction ID : 61633481
 Amount of Each Receipt this Period
 500.00

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 13 OF 72
	<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. Susan Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2790 Hunters Ridge Rd
 City Marion State IA Zip Code 52302-9645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Balanced Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : 61633489
 Amount of Each Receipt this Period **50.00**

B. Mr Alan B. Crothers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2388 W Cogburn St
 City Meridian State ID Zip Code 83642-7174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : 61633490
 Amount of Each Receipt this Period **100.00**

C. Mr Jeffrey Thomas Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8412 Mahan Dr
 City Tallahassee State FL Zip Code 32309-9686
 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 **09 / 08 / 2014**
Transaction ID : 61633492
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	200.00
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 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mrs Susan M. Chalcraft
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 546
 City Kettle Falls State WA Zip Code 99141-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt. Carmel Hospital Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 09 / 08 / 2014
Transaction ID : 61633493
 Amount of Each Receipt this Period 50.00

B. Susan M. Harms
 Full Name (Last, First, Middle Initial)
 Mailing Address 3650 Everett Dr
 City Manhattan State KS Zip Code 66503-8131
 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 ▼ 210.00

Date of Receipt 09 / 08 / 2014
Transaction ID : 61633494
 Amount of Each Receipt this Period 25.00

C. Donald Levine
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Highhawk Rd
 City Portsmouth State RI Zip Code 02871-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olympic Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 08 / 2014
Transaction ID : 61633505
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
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 15 OF 72
	(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. Dr Kathleen Ann Luedtke-Hoffmann			Date of Receipt
Mailing Address 2722 Woods Ln			<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 61633554
Garland	TX	75044-2808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer Texas Women's University		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) B. Craig A. Moore			Date of Receipt
Mailing Address PO Box 160453			<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 61633673
Altamonte Springs	FL	32716-0453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer Florida Hospital Rehabilitation & Spor		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. Jerry Pumphrey			Date of Receipt
Mailing Address 5300 Hickory Park Dr Ste 110			<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 61634042
Glen Allen	VA	23059-2629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer Progress Rehabilitation		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Kory J. Zimney
Full Name (Last, First, Middle Initial)

Mailing Address 4012 Glen Oaks Blvd

City State Zip Code
Sioux City IA 51104-4315

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 08 / 2014
Transaction ID : 61634311

Amount of Each Receipt this Period
50.00

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

Mailing Address 5400 Kennedy Ave

City State Zip Code
Cincinnati OH 45213-2664

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 08 / 2014
Transaction ID : 61634464

Amount of Each Receipt this Period
50.00

C. Jan Marie Dwyer
Full Name (Last, First, Middle Initial)

Mailing Address 97 W Ellen Ave

City State Zip Code
Cortland IL 60112-4119

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

Name of Employer Occupation
Sherman Hospital PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 11 / 2014
Transaction ID : 61641072

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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 72
	<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. Sandra M. Riegor
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Coco Plum St
 City Marathon State FL Zip Code 33050-3803
 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 **375.00**

Date of Receipt **09 / 11 / 2014**
Transaction ID : 61648538
 Amount of Each Receipt this Period **125.00**

B. Dr Robert Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 10993 Raley Creek Dr S
 City Jacksonville State FL Zip Code 32225-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brooks Rehabilitation Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **09 / 11 / 2014**
Transaction ID : 61648540
 Amount of Each Receipt this Period **125.00**

C. Mr Greg Monson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 28th Avenue Ct
 City Moline State IL Zip Code 61265-5306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Valley Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 11 / 2014**
Transaction ID : 61651243
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
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 18 OF 72
(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. Ms Anne Slack
 Mailing Address 1535 Unit B Raven Circle
 P.O. Box 1227
 City State Zip Code
 Estes Park CO 80517-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mountaintop Physical Therapy, P.C. PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 61651835
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr Matthew Wayne Elrod
 Mailing Address 4782 Farndon Ct
 City State Zip Code
 Fairfax VA 22032-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APTA PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 354.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 61657884
 Amount of Each Receipt this Period
 20.84

Full Name (Last, First, Middle Initial)
C. Mandy Frohlich
 Mailing Address 1363 Emerald Street, NE
 City State Zip Code
 Washington DC 20002-5431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APTA Lobbyist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 354.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 61657886
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.68
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 72
	(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)

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 ▼ **708.39**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : 61657890

Amount of Each Receipt this Period
41.67

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

Mailing Address 1105 Quaker Hill Ct

City Alexandria State VA Zip Code 22314-4742

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : 61657895

Amount of Each Receipt this Period
20.84

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

Mailing Address 3908 19th Street South

City Arlington State VA Zip Code 22204-5114

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

Name of Employer APTA Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : 61657897

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ **83.35**

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 72
	<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. Justin D Moore		Date of Receipt
Mailing Address 4819 1st St S		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Arlington VA 22204-1315		Transaction ID : 61657898
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation APTA PT		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="753.39"/>

Full Name (Last, First, Middle Initial) B. Linda J. Zane		Date of Receipt
Mailing Address 8297 Bridle Path		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Boca Raton FL 33496-1201		Transaction ID : 61665028
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation PTPN of Florida 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="750.00"/>

Full Name (Last, First, Middle Initial) C. Ms Jeanne Marie Gilbert		Date of Receipt
Mailing Address 9 Tuckers Run		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Ledyard CT 06339-1000		Transaction ID : 61665029
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self-Employed 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="2000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="541.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : 61665030

Amount of Each Receipt this Period
 500.00

B. Heather Ann Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 804 12th St Nw

City East Grand Forks State MN Zip Code 56721-1414

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

Name of Employer Achieve Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : 61665031

Amount of Each Receipt this Period
 400.00

C. Ms Jennifer Ann Lesko
Full Name (Last, First, Middle Initial)

Mailing Address 702 2nd Ave W Apt 205

City Seattle State WA Zip Code 98119-3771

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

Name of Employer Therapeutic Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014

Transaction ID : 61665040

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 22 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lisa Kristine Saladin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Overcreek Ct
 City Mount Pleasant State SC Zip Code 29464-9490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **09 / 14 / 2014**
Transaction ID : 61665041
 Amount of Each Receipt this Period **100.00**

B. Dr Barbara Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 6913 Nubian Ln
 City Austin State TX Zip Code 78739-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas State University Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 14 / 2014**
Transaction ID : 61665042
 Amount of Each Receipt this Period **100.00**

C. William L. Lois
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 S Kinnickinnic Ave Ste 3
 City Milwaukee State WI Zip Code 53207-1364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Lakes Physical Therapy, S.C. Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 61665046
 Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<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 Jeremy Shane Angaran
 Full Name (Last, First, Middle Initial)
 Mailing Address 7176 Kamilo St
 City Honolulu State HI Zip Code 96825-1622
 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 **09 / 15 / 2014**
Transaction ID : 61665049
 Amount of Each Receipt this Period **50.00**

B. Dr Anthony Erminio DiFilippo
 Full Name (Last, First, Middle Initial)
 Mailing Address 32097 Teasel Ct
 City Avon Lake State OH Zip Code 44012-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehab Professionals of Cleveland Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 61665050
 Amount of Each Receipt this Period **50.00**

C. 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 **800.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 61665052
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **200.00**
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 24 OF 72
(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)

A. Dr Ann A. Ryan
Full Name (Last, First, Middle Initial)

Mailing Address 7415 Fernbrook Ln N

City State Zip Code
Maple Grove MN 55311-2700

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 15 / 2014
Transaction ID : **61665053**

Amount of Each Receipt this Period
50.00

B. Dr Jason Scott Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 3069 Tierra Mesa

City State Zip Code
Atascadero CA 93422-1569

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

Name of Employer Occupation
San Luis Sports Therapy & Orthopedic R PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
735.00

Date of Receipt
09 / 15 / 2014
Transaction ID : **61665054**

Amount of Each Receipt this Period
100.00

C. Mr Paul G. Vidal
Full Name (Last, First, Middle Initial)

Mailing Address 5 Whitechapel Dr

City State Zip Code
Mount Laurel NJ 08054-3315

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 15 / 2014
Transaction ID : **61665056**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 25 OF 72
(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. Dr Jeanine Marie Gunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6003 Hazelwood Ln Se
 City Bellevue State WA Zip Code 98006-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 09 / 18 / 2014
Transaction ID : 61802807
 Amount of Each Receipt this Period 100.00

B. Martha Ferretti
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 N Stonewall Ave
 City Oklahoma City State OK Zip Code 73117-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OUHSC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 61802810
 Amount of Each Receipt this Period 500.00

C. Mr Paul S. Bauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Cambridge Rd
 City Guilford State CT Zip Code 06437-1269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physical Therapy Specialists Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 18 / 2014
Transaction ID : 61802816
 Amount of Each Receipt this Period 250.00

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: PAGE 26 OF 72
(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. Jerry L. Klug

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 ▼
1666.64

Date of Receipt
09 / 18 / 2014
Transaction ID : 61802980

Amount of Each Receipt this Period
208.33

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

Mailing Address 13 Hyannis Dr

City Asheville State NC Zip Code 28804-3231

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

Name of Employer Cornerstone Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 18 / 2014
Transaction ID : 61802982

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Kim Osborne

Mailing Address PO Box 811

City Lovington State NM Zip Code 88260-0811

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
09 / 18 / 2014
Transaction ID : 61802983

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 483.33

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 27 OF 72
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	<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. Jennifer Elizabeth Green-Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Dorchester Rd
 City Rochester State NY Zip Code 14610-1320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nazareth College PT Department Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 18 / 2014**
Transaction ID : 61806898
 Amount of Each Receipt this Period **100.00**

B. Dr Raymond C. Menhard
 Full Name (Last, First, Middle Initial)
 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 **400.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 61844076
 Amount of Each Receipt this Period **50.00**

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 **800.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : 61844079
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 72
	<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	<input type="checkbox"/> 17

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

A. Ms Jane S. Baldwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 9th St Apt 603
 City Medford State MA Zip Code 02155-5165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Partners Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 17 / 2014
Transaction ID : 61844084
 Amount of Each Receipt this Period 50.00

B. Gail A. Altekruise
 Full Name (Last, First, Middle Initial)
 Mailing Address 8203 Ravinia Rd
 City Fort Wayne State IN Zip Code 46825-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Whitley Hospital Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 17 / 2014
Transaction ID : 61844085
 Amount of Each Receipt this Period 45.00

C. Dr William D. Bandy
 Full Name (Last, First, Middle Initial)
 Mailing Address 822 Cartier Ln
 City Little Rock State AR Zip Code 72211-5509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Central Arkansas Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 17 / 2014
Transaction ID : 61844086
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 29 OF 72
	<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	<input type="checkbox"/> 17

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

A. Dr Carl Joseph Black
Full Name (Last, First, Middle Initial)

Mailing Address 1532 Nathan Hills Cir

City State Zip Code
Maryville TN 37801-8981

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

Name of Employer Occupation
Appalachian Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
09 / 17 / 2014
Transaction ID : 61844092

Amount of Each Receipt this Period
50.00

B. Mrs Carrie Gatlin Fuller
Full Name (Last, First, Middle Initial)

Mailing Address 62 W 87th St Apt 4r

City State Zip Code
New York NY 10024-3569

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

Name of Employer Occupation
Beth Israel Medical Center PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 17 / 2014
Transaction ID : 61844095

Amount of Each Receipt this Period
100.00

C. David Emerick Sr
Full Name (Last, First, Middle Initial)

Mailing Address 7970 N Saddle Ridge Ct

City State Zip Code
Catlett VA 20119-1740

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

Name of Employer Occupation
Fauquier Hospital PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 17 / 2014
Transaction ID : 61844096

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<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	<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. 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 **440.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : 61844097
 Amount of Each Receipt this Period **100.00**

B. Dr Ervin Scott Euype
 Full Name (Last, First, Middle Initial)
 Mailing Address 1454 Rosewood Ave
 City Lakewood State OH Zip Code 44107-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **235.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : 61844103
 Amount of Each Receipt this Period **50.00**

C. Dennis P. Langton
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Live Oak Dr
 City El Cajon State CA Zip Code 92020-5633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E&L and Assocaites Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : 61844105
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 31 OF 72
	<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. Kinta Mader LeBlanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 16313 Spanish Ct
 City Greenwell Springs State LA Zip Code 70739-5935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 17 / 2014
Transaction ID : 61844107
 Amount of Each Receipt this Period 25.00

B. Dr Nancy B. Reese
 Full Name (Last, First, Middle Initial)
 Mailing Address PTC Bldg Rm 303
 201 N Donaghey Ave
 City Conway State AR Zip Code 72035-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Central Arkansas Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 17 / 2014
Transaction ID : 61844108
 Amount of Each Receipt this Period 100.00

C. Mr Peter J. McMenamin
 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 ▼ 350.00

Date of Receipt 09 / 17 / 2014
Transaction ID : 61844110
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<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	<input type="checkbox"/> 17

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

A. Dr Stephen McDavitt
Full Name (Last, First, Middle Initial)

Mailing Address 6 Bentrige Rd

City Falmouth State ME Zip Code 04105-2500

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
09 / 17 / 2014
Transaction ID : 61844111

Amount of Each Receipt this Period
50.00

B. Margaret D. Soucek
Full Name (Last, First, Middle Initial)

Mailing Address 178 W Elm Ave

City Mantua State NJ Zip Code 08051-1510

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

Name of Employer UM Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 17 / 2014
Transaction ID : 61844118

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 ▼ 900.00

Date of Receipt
09 / 17 / 2014
Transaction ID : 61844119

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 72
	<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	<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 Greville Shaver
Full Name (Last, First, Middle Initial)

Mailing Address 775 Northwoods Dr

City Whitefish State MT Zip Code 59937-8159

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

Name of Employer Northern Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014

Transaction ID : 61844120

Amount of Each Receipt this Period
 50.00

B. Brian Lee White
Full Name (Last, First, Middle Initial)

Mailing Address 6180 S Tarrega Ln

City Meridian State ID Zip Code 83642-7201

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

Name of Employer Mountain Land Rehabilitation 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
 09 / 22 / 2014

Transaction ID : 61849661

Amount of Each Receipt this Period
 500.00

C. Dr Wendy D. Bircher
Full Name (Last, First, Middle Initial)

Mailing Address 4002 Skyline Dr

City Farmington State NM Zip Code 87401-9220

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
 09 / 22 / 2014

Transaction ID : 61849663

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 34 OF 72
	<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. Shawne E. Soper
Full Name (Last, First, Middle Initial)

Mailing Address 512 Diane Ln

City Richmond State VA Zip Code 23227-1539

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

Name of Employer Virginia Commonwealth University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 25 / 2014
Transaction ID : 61849664

Amount of Each Receipt this Period
500.00

B. Darrin Andrew Schober
Full Name (Last, First, Middle Initial)

Mailing Address 517 E Clairemont Ave

City Eau Claire State WI Zip Code 54701-6479

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

Name of Employer Optimum Therapies, LLC Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 25 / 2014
Transaction ID : 61849665

Amount of Each Receipt this Period
250.00

C. Pamela S. Palmer
Full Name (Last, First, Middle Initial)

Mailing Address 1614 Oxford Ct

City Andover State KS Zip Code 67002-9063

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

Name of Employer Palmer PT for Women Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 25 / 2014
Transaction ID : 61849737

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 35 OF 72
(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. Ms Margaret E Hutchison Vitek
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Deerfield Rd
 City State Zip Code
 Hilton Head Island SC 29926-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hargray 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
 09 / 19 / 2014
Transaction ID : 61849849
 Amount of Each Receipt this Period
 250.00

B. Linda E Arslanian
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Bray St
 City State Zip Code
 Gloucester MA 01930-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Partners PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 61849851
 Amount of Each Receipt this Period
 50.00

C. Colleen M. Kigin
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Dale St
 City State Zip Code
 Swampscott MA 01907-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CIMIT PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 61849855
 Amount of Each Receipt this Period
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 72
	<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. Dr 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 ▼ 800.00

Date of Receipt 09 / 22 / 2014
Transaction ID : 61850166
 Amount of Each Receipt this Period 100.00

B. Cristina M. Fauchaux
 Full Name (Last, First, Middle Initial)
 Mailing Address 4021 Pointe Ave
 City Zachary State LA Zip Code 70791-7346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moreau Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.14

Date of Receipt 09 / 22 / 2014
Transaction ID : 61850169
 Amount of Each Receipt this Period 45.46

C. Mr Paul Olinger Kraushaar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1737 Arbor Oaks Dr
 City Muscatine State IA Zip Code 52761-2623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muscatine Physical Therapy Services Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2014
Transaction ID : 61850171
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶	195.46
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 37 OF 72
	<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 Pat Corrigan Jobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 977 Giaroli St
 City Memphis State TN Zip Code 38122-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Health Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 09 / 22 / 2014
Transaction ID : 61850173
 Amount of Each Receipt this Period
50.00

B. Kathleen M. Picard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2249 River Rd S
 City Lakeland State MN Zip Code 55043-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Big Stone Therapies Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt
 09 / 22 / 2014
Transaction ID : 61850176
 Amount of Each Receipt this Period
50.00

C. 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 **900.00**

Date of Receipt
 09 / 22 / 2014
Transaction ID : 61850178
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **200.00**
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 38 OF 72
	<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. Julie Lee Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 1570 Elmwood Avenue
Unit 806

City Evanston State IL Zip Code 60201-4577

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

Name of Employer Sava Senior Care Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
09 / 22 / 2014
Transaction ID : 61850179

Amount of Each Receipt this Period
100.00

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 ▼
600.00

Date of Receipt
09 / 22 / 2014
Transaction ID : 61850181

Amount of Each Receipt this Period
100.00

C. Dr Kathryn B. Stenslie
Full Name (Last, First, Middle Initial)

Mailing Address 8907 River Rd

City Columbus State GA Zip Code 31904-1123

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

Name of Employer PT Pros Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
09 / 22 / 2014
Transaction ID : 61850182

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.00

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 39 OF 72
	<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. Jerre Van Den Bent
Full Name (Last, First, Middle Initial)

Mailing Address 3402 Harvard Ave

City Dallas State TX Zip Code 75205-3243

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 ▼ 1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : 61850184

Amount of Each Receipt this Period
 210.00

B. Diane Platz
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 404

City Glenwood State NJ Zip Code 07418-0404

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

Name of Employer Elmer Platz Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : 61850185

Amount of Each Receipt this Period
 100.00

C. Dr Deborah Sue Larsen
Full Name (Last, First, Middle Initial)

Mailing Address 453 W 10th Ave

City Columbus State OH Zip Code 43210-2205

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

Name of Employer Ohio State Univ SAMP Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : 61850187

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	560.00
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 40 OF 72
(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. Timothy Schell
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Nicklaus Ct
 City State Zip Code
 Grove City PA 16127-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 61850190
 Amount of Each Receipt this Period
 500.00

B. Linda Diane John
 Full Name (Last, First, Middle Initial)
 Mailing Address 4482 Liam Dr
 City State Zip Code
 Frisco TX 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mustang Public Schools PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 61851459
 Amount of Each Receipt this Period
 250.00

C. Miss Kimberly Marie Colorito
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 E 38th St Apt 7a
 City State Zip Code
 New York NY 10016-2675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Visiting Nurse Services of New York 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
 09 / 22 / 2014
Transaction ID : 61856661
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 72
	<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. Lynn Braun
Full Name (Last, First, Middle Initial)

Mailing Address 6316 Hellenbrand Rd

City Waunakee State WI Zip Code 53597-9599

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

Name of Employer Weiker Braun Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2014
Transaction ID : 61856671

Amount of Each Receipt this Period 500.00

B. Dr Nancy J. Roberge
Full Name (Last, First, Middle Initial)

Mailing Address 132 Chestnut Cir

City Lincoln State MA Zip Code 01773-4916

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

Name of Employer Chestnut Hill PT Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2014
Transaction ID : 61862353

Amount of Each Receipt this Period 250.00

C. Steven V Sopher
Full Name (Last, First, Middle Initial)

Mailing Address 283 Lockhaven Dr Ste 315

City Houston State TX Zip Code 77073-5519

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

Name of Employer Ergo Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 25 / 2014
Transaction ID : 61862356

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 42 OF 72
	<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 Matthew Wayne Elrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 4782 Farndon Ct
 City State Zip Code
 Fairfax VA 22032-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APTA PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.12

Date of Receipt
 09 / 25 / 2014
Transaction ID : 61862877
 Amount of Each Receipt this Period
 20.84

B. Mandy Frohlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1363 Emerald Street, NE
 City State Zip Code
 Washington DC 20002-5431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APTA Lobbyist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.12

Date of Receipt
 09 / 25 / 2014
Transaction ID : 61862879
 Amount of Each Receipt this Period
 20.84

C. Mary Jane Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Langleigh Way
 City State Zip Code
 Alexandria VA 22315-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APTA PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 09 / 25 / 2014
Transaction ID : 61862885
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	83.35
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 43 OF 72
	<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. Ms Heather Lauren Smith		Date of Receipt
Mailing Address 1105 Quaker Hill Ct		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City State Zip Code Alexandria VA 22314-4742		Transaction ID : 61862894
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.12"/>	

Full Name (Last, First, Middle Initial) B. Michael Matlack		Date of Receipt
Mailing Address 3908 19th Street South		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City State Zip Code Arlington VA 22204-5114		Transaction ID : 61862896
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer APTA	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.12"/>	

Full Name (Last, First, Middle Initial) C. Wade Dean VanDover		Date of Receipt
Mailing Address 309 Washington Ave		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City State Zip Code Ortonville MN 56278-1357		Transaction ID : 61862911
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Big Stone Therapies, Inc.	Occupation PT	
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="541.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms Krista Rachel Frederic
 Full Name (Last, First, Middle Initial)
 Mailing Address 3606 Willow Birch Dr
 City State Zip Code
 Glenwood MD 21738-9650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Forever Fit Physical Therapy and Welln 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
 09 / 25 / 2014
Transaction ID : 61868705
 Amount of Each Receipt this Period
 250.00

B. Mrs Victoria Irene Erickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5044 S Elm Ave
 City State Zip Code
 Fresno CA 93706-5738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 61881575
 Amount of Each Receipt this Period
 500.00

C. Dr Elaine L. Bukowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 439 Superior Rd
 City State Zip Code
 Egg Harbor Township NJ 08234-4944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Richard Stockton College PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2014
Transaction ID : 61894825
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms Andrea Crunkhorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 11813 Decour Ct
 City State Zip Code
 Fairfax VA 22030-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Office of the Surgeon General PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : 61894826
 Amount of Each Receipt this Period
 50.00

B. Richard Eugene Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1847 Bartlett Ct
 City State Zip Code
 West Palm Beach FL 33406-8760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Mary's Medical Center PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014
Transaction ID : 61894834
 Amount of Each Receipt this Period
 100.00

C. Scott Allen Humpal
 Full Name (Last, First, Middle Initial)
 Mailing Address 4841 S Oso Pkwy
 City State Zip Code
 Corpus Christi TX 78413-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Humpal Physical Therapy 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
 09 / 10 / 2014
Transaction ID : 61894845
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 72
	<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 Bryan Thomas Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Us Highway 12 Ste 3
 City Baraboo State WI Zip Code 53913-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Life Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 28 / 2014**
Transaction ID : 61899122
 Amount of Each Receipt this Period **41.67**

B. Dr Barbara Connolly
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 N. Hwy A1A #504
 City Indialantic State FL Zip Code 32903-2158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 28 / 2014**
Transaction ID : 61899124
 Amount of Each Receipt this Period **50.00**

C. Ms Lorena Pettet Payne
 Full Name (Last, First, Middle Initial)
 Mailing Address 7010 Camp Creek Rd
 City Manhattan State MT Zip Code 59741-8343
 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 **675.00**

Date of Receipt **09 / 29 / 2014**
Transaction ID : 61899424
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **166.67**
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 47 OF 72
(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. Cathleen M. Tarro
 Full Name (Last, First, Middle Initial)
 Mailing Address 8301 44th St W
 City State Zip Code
 University Place WA 98466-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PTA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : 61899439
 Amount of Each Receipt this Period
 45.00

B. Anne W Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Cherryfield Ln
 City State Zip Code
 Savannah GA 31419-9095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Armstrong State University PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 413.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : 61899479
 Amount of Each Receipt this Period
 42.00

C. Mr Paul Andrew Hildreth
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Marengo St
 City State Zip Code
 New Orleans LA 70115-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 61899539
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.00
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 48 OF 72
	<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. Mr Rocky Barnes			Date of Receipt
Mailing Address 8012 Mossy Oak Dr			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 62223268
Montgomery	AL	36117-5612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1000.00"/>
Name of Employer	Occupation		
PT Solutions	PT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr Charles Timothy Richardson			Date of Receipt
Mailing Address 1772 Pinyon Pine Dr			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 62223428
Sarasota	FL	34240-1406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
Medical Arts Rehab	PT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Justin D Moore			Date of Receipt
Mailing Address 4819 1st St S			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 62385635
Arlington	VA	22204-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.67"/>
Name of Employer	Occupation		
APTA	PT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="795.06"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1091.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="26460.45"/>

**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 49 OF 72
<input 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 checked="" 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. Wells Fargo Bank, N.A.		Date of Receipt
Mailing Address P.O. box 63020		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Francisco	CA	94163
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 62047811
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="9.60"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="607.08"/>	

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Receipt
Mailing Address Old Town Branch King Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 62047812
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="21.76"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="244.03"/>	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank, N.A.		Date of Receipt
Mailing Address P.O. box 63020		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Francisco	CA	94163
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 62047824
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="520.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Deposit by Error to PAC Bank Account By Bank
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="597.48"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="551.36"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="551.36"/>

**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. McCulloch For Congress

Mailing Address PO Box 1064

City State Zip Code
Baton Rouge LA 70821

Purpose of Disbursement

011

Category/
Type

Candidate Name

Craig McCulloch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 61461015

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Enyart For Congress

Mailing Address PO Box 308

City State Zip Code
Belleville IL 62222

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William Enyart

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 61461017

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Andre Carson For Congress

Mailing Address P.O. Box 1863

City State Zip Code
Indianapolis IN 46206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Andre Carson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 61461018

Amount of Each Disbursement this Period

1000.00

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

6000.00

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. Udall For Colorado

Mailing Address PO Box 40158

City State Zip Code
Denver CO 80204

Purpose of Disbursement

011

Candidate Name

Sen. Mark Emery Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Transaction ID : 61461020

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement

011

Candidate Name

Cathy McMorris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Transaction ID : 61461022

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Mccollum For Congress

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement

011

Candidate Name

Betty McCollum

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Transaction ID : 61461023

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

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

5	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. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 61635643

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Patriots For Perry

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Perry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : 61852173

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Coffman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : 61852178

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Moolenaar

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852217

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Braley For Iowa

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bruce Braley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852218

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Corrine Brown

Mailing Address PO Box 40087

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Corrine Brown

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852219

Amount of Each Disbursement this Period

1000.00

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

4500.00

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. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. George K. Butterfield

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852271

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement

011

Category/
Type

Candidate Name

L. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852272

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Chris Gibson For Congress

Mailing Address PO Box 255

City State Zip Code
Kinderhook NY 12106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Christopher Gibson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852274

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0
0	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. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Daniel B. Maffei

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852275

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Mcnerney For Congress

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jerry McNeerney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852276

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Collin Peterson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852277

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)..... ▶

4	5	0	0	0	0	0	0	0	0

1	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. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Timothy J. Walz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : 61852278

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Al Franken For Senate 2014

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Al Franken

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : 61852279

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Shaheen For Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : 61852330

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Susan Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852331

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852332

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Mailing Address PO Box 1805

City Plains State PA Zip Code 18705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Matthew A. Cartwright

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852333

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

3	5	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. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charlie Dent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852334

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph J. Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852335

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852336

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	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. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joe R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852337

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Southerland For Congress

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Southerland II

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852338

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dan Kildee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852339

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

0	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. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852340

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Re-Elect Mcgovern Committee

Mailing Address PO Box 60405

City State Zip Code
Worcester MA 01606

Purpose of Disbursement

011

Category/
Type

Candidate Name

James McGovern

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852341

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City State Zip Code
Oregon City OR 97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852342

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)..... ▶

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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. Rangel For Congress

Mailing Address P.O. Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Rangel

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NY District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852344

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, Nw Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steny Hoyer

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852345

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul Ryan

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852347

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0
0	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. Kaptur For Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement

011

Candidate Name

Rep. Marcy Kaptur

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852348

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ron Barber For Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement

011

Candidate Name

Ronald Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852349

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Candidate Name

Kelly Ayotte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852401

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	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. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Candidate Name

Xavier Becerra

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852402

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Candidate Name

Lois Capps

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852453

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

011

Candidate Name

Earl Carter

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852455

Amount of Each Disbursement this Period

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

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

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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. Judy Chu For Congress

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

Rep. Judy Chu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 61852456

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chris Coons For Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement

011

Candidate Name

Sen. Christopher A. Coons

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 61852457

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Candidate Name

Ryan Costello

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 61852459

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement

011

Candidate Name

Rodney Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852461

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Mario Diaz-Balart for Congress

Mailing Address P.O. Box 2601

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011

Candidate Name

Mario Diaz-Balart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852463

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement

011

Candidate Name

Rep. Bill Foster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852464

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
0	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. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Candidate Name

Michelle Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852515

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hal Pac

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

Hal Pac

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
09		23		2014

Transaction ID : 61852517

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Honda For Congress

Mailing Address C/O Contribution Solutions, Llc
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement

011

Candidate Name

Michael Honda

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852520

Amount of Each Disbursement this Period

1000.00

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

4500.00

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. Horsford For Congress

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

011

Candidate Name

Steven Horsford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 61852522

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement

011

Candidate Name

Rep. Dave Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 61852574

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Candidate Name

Ann Kuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 61852575

Amount of Each Disbursement this Period

2500.00

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. 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: 2014
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852576

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

New Pioneers PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852578

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ribble For Congress

Mailing Address PO Box 7200

City State Zip Code
Appleton WI 54912

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Reid J. Ribble

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : 61852580

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	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. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Candidate Name

Marion Rounds

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	4		

Transaction ID : 61852582

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mark Takai For Congress

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement

011

Candidate Name

Kyle Takai

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	4		

Transaction ID : 61852583

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Candidate Name

Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	4		

Transaction ID : 61852585

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	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. Valadao For Congress

Mailing Address 504 Van Ness

City State Zip Code
Fresno CA 93721

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Valadao

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852586

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frederick Upton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852589

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Mailing Address P.O. Box 1151

City State Zip Code
Hays KS 67601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Jerry Moran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : 61852593

Amount of Each Disbursement this Period

1000.00

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

6000.00

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. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

Category/
Type

Candidate Name

Rep. Mike Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

/ /

Transaction ID : 61852644

Amount of Each Disbursement this Period

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Elizabeth Thomson

Mailing Address 2401 Morrow Road NE

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement
Elizabeth Thomson, STATE HOUSE 24th NM

011

Category/
Type

Candidate Name

Elizabeth Thomson

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : 61461021

Amount of Each Disbursement this Period

2000.00

Elizabeth Thomson, STATE HOUSE 24th NM

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank, N.A.

Mailing Address P.O. box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Deposit by Error to PAC Account Fixed By Bank

008

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : 62047830

Amount of Each Disbursement this Period

520.00

Deposit by Error to PAC Account Fixed By Bank

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2520.00

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

2520.00