

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2010 through 02 28 2010

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 Electronically Filed by Mr Justin Moore Date 03 18 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		539912.17
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	573794.40									
(c) Total Receipts (from Line 19)	57803.64	94685.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	631598.04	634598.04								
7. Total Disbursements (from Line 31)	82365.45	85365.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	549232.59	549232.59								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27343.33	39651.66
(ii) Unitemized	30358.07	54820.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57701.40	94472.63
(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)	57701.40	94472.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	102.24	213.24
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57803.64	94685.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57803.64	94685.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79865.45	82865.45
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82365.45	85365.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82365.45	85365.45

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	57701.40	94472.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57701.40	94472.63
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: PAGE 6 / 38
(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

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

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

A. Full Name (Last, First, Middle Initial)
Wade Dean Van Dover

Mailing Address 820 Roy St

City: Ortonville State: MN Zip Code: 56278-1138

FEC ID number of contributing federal political committee. C

Name of Employer: Big Stone Therapies, Inc. Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 04 / 2010

Transaction ID: 33240318

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Deborah Reed

Mailing Address 1020C 11th St

City: Tell City State: IN Zip Code: 47586-2130

FEC ID number of contributing federal political committee. C

Name of Employer: Advanced Rehab Incorporated Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 04 / 2010

Transaction ID: 33355317

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Randy Roesch

Mailing Address 44125 Rcr 46B

City: Steamboat Spr State: CO Zip Code: 80487-9525

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: 02 / 18 / 2010

Transaction ID: 33405014

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38
(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-PA)

A. Full Name (Last, First, Middle Initial)
Charles J. Gulas

Mailing Address 2054 Wild Horse Creek Rd

City State Zip Code
Wildwood MO 63038-1202

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Maryville University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 33405017

Amount of Each Receipt this Period 250.00

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

Mailing Address 130 N Garland Ct Apt 3805

City State Zip Code
Chicago IL 60602-4836

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Physical Therapy Chicago PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 33412783

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jerry Klug

Mailing Address 1475 1st Ave SW

City State Zip Code
Jacksonville AL 36265-3337

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AL Physical Rehab Service PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 33412794

Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional) 708.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38
(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-PA)

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

Mailing Address PO Box 37

City State Zip Code
Jackson AL 36545-0037

FEC ID number of contributing federal political committee. C

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 18 / 2010

Transaction ID: 33412814

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Janice D. Smith

Mailing Address 1555 California St Apt 407

City State Zip Code
Denver CO 80202-4275

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
02 / 18 / 2010

Transaction ID: 33412822

Amount of Each Receipt this Period
250.00

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

Mailing Address 209 Westvale Rd

City State Zip Code
Duarte CA 91010-1304

FEC ID number of contributing federal political committee. C

Name of Employer BMS Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 18 / 2010

Transaction ID: 33412829

Amount of Each Receipt this Period
500.00

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: PAGE 9 / 38
(check only one)

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

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

A.

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

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Occupation
Rehab Partners PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 33412831

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Judith Dougherty

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Occupation
Physical Therapy at St. Luke's PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 33412832

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Belinda Hays

Mailing Address PO Box 1192

City State Zip Code
Seymour IN 47274-3792

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

Name of Employer Occupation
Progressive Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 33412836

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38
(check only one)

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

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

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

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 ▼ 1000.00

Date of Receipt 02 / 18 / 2010

Transaction ID: 33412859

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Drew G. Bossen

Mailing Address 4191 Westcott Dr NE

City Iowa City State IA Zip Code 52240-7788

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

Name of Employer Progressive Rehab Associa-tes Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2010

Transaction ID: 33412862

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Laurita M. Hack

Mailing Address 415 Gatcombe Ln

City Bryn Mawr State PA Zip Code 19010-3629

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 ▼ 1000.00

Date of Receipt 02 / 12 / 2010

Transaction ID: 33527734

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 11 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jill Michele Tomasello

Mailing Address 34 Lake Dr

City Darien State CT Zip Code 06820-3121

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

Name of Employer Advanced PT Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2010
Transaction ID: 33528034
 Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Janet M Peterson

Mailing Address 17781 15th Ave NW

City Shoreline State WA Zip Code 98177-3302

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 02 / 12 / 2010
Transaction ID: 33528035
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mahlon Kline Stewart

Mailing Address 50 E 10th St Apt 2E

City New York State NY Zip Code 10003-6226

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

Name of Employer Kessler Institute for Rehabilitation Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2010
Transaction ID: 33528200
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Deirdre Daley		Date of Receipt MM / DD / YYYY 02 / 15 / 2010		
	Mailing Address 155 E Vermont Ave		Transaction ID: 33588134		
	City Southern Pines	State NC	Zip Code 28387-5521	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Workwell	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Nancy Susan Boccadoro		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 1135 Cedar Branch Ct SW		Transaction ID: 33594180		
	City Marietta	State GA	Zip Code 30064-4613	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Ms. Cheri Hodges		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 27424 N 75th Way		Transaction ID: 33594402		
	City Scottsdale	State AZ	Zip Code 85266-4106	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AT Still University	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Christine Chase

Mailing Address 7754 Mulberry Ln

City

Naples

State

FL

Zip Code

34114-9443

FEC ID number of contributing federal political committee.

C

Name of Employer
Naples Community Health-care System

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 33594431

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barney Poole

Mailing Address 917 Eagles Landing Pkwy

City

Stockbridge

State

GA

Zip Code

30281-5011

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 33594441

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Geraldine M. Grzybek

Mailing Address 138 Elmwood Dr

City

Glenshaw

State

PA

Zip Code

15116-1234

FEC ID number of contributing federal political committee.

C

Name of Employer
CRS-UPMC St. Margaret

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 33594460

Amount of Each Receipt this Period

500.00

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 14 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 380 E 400 S

City State Zip Code
Springville UT 84663-1958

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

Name of Employer Physical & Sports Therapy Services
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 33594539

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1038 Von Trina Dr

City State Zip Code
Elberton GA 30635-4567

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 33594618

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Barbara A. Melzer

Mailing Address 148 Cas Hills Dr

City State Zip Code
Castle Hills TX 78213-3322

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

Name of Employer Texas State University - San Marcos
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 33597755

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 / 38
(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-PA)

A. Full Name (Last, First, Middle Initial)
William Lee Franzen, Jr.
Mailing Address 18025 Bohnne Bend Ct
City St Louis State MO Zip Code 63005
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 02 / 23 / 2010
Transaction ID: 33602181
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul D. Gaspar
Mailing Address 748 Lynwood Dr
City Encinitas State CA Zip Code 92024-2389
FEC ID number of contributing federal political committee. **C**
Name of Employer Gaspar Physical Therapy Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 25 / 2010
Transaction ID: 33602806
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Daniel Lilley
Mailing Address 800 Compton Rd Unit 3
City Cincinnati State OH Zip Code 45231-3846
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 02 / 25 / 2010
Transaction ID: 33604007
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: PAGE 16 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ellen F. Spake

Mailing Address 10201 Flint St

City State Zip Code
Overland Park KS 66214-2643

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

Name of Employer Occupation
Rockhurst University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33716109

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lynn M. Jeffries

Mailing Address 16905 Valley Crst

City State Zip Code
Edmond OK 73012-6730

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

Name of Employer Occupation
Univ. of Oklahoma Health Science Ctr PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33716112

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Violet P. Acuna-Parker

Mailing Address 2366 Landings Cir

City State Zip Code
Bradenton FL 34209-9771

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

Name of Employer Occupation
Aegis Therapies PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33716203

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 17 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Ann Berry

Mailing Address 2724 NE 53rd St

City State Zip Code
Seattle WA 98105-3114

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

Name of Employer Group Health Cooperative Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33716207

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert Whitton

Mailing Address 10181 Perry Lake Rd

City State Zip Code
Clarkston MI 48348-2011

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

Name of Employer TheraMatrix Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 33716298

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Cheryl Resnik

Mailing Address 1070 S Oakland Ave

City State Zip Code
Pasadena CA 91106-4344

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

Name of Employer Univ of Southern California Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33720188

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kerry Royce Wood

Mailing Address 145 Birchwood Dr

City State Zip Code
Colchester VT 05446-6256

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

Name of Employer Occupation
Fletcher Allen Health Care PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33720194

Amount of Each Receipt this Period
285.00

B.

Full Name (Last, First, Middle Initial)
Steven W. Forbush

Mailing Address 1530 Chinook

City State Zip Code
Conway AR 72034-8473

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

Name of Employer Occupation
Rehab Institute at Sherwood Plaza PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33720203

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sandra J. Levi

Mailing Address 113 Forestway Dr

City State Zip Code
Deerfield IL 60015-4807

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

Name of Employer Occupation
Midwestern University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33722117

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Sharon Lynn Leslie

Mailing Address 817 Santa Rita Ave

City State Zip Code
Los Altos CA 94022-1131

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
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33722308

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Weiner

Mailing Address 26635 Agoura Rd Ste 250

City State Zip Code
Calabasas CA 91302-3805

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

Name of Employer PTPN Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33722315

Amount of Each Receipt this Period
1000.00

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

Mailing Address 201 Erie St Ste B

City State Zip Code
Grove City PA 16127-1659

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
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33731839

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 20 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jake Jakubiak Kovacek

Mailing Address 20225 Danbury Ln

City State Zip Code
Harper Woods MI 48225-1156

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

Name of Employer In Home Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33731856

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Karen A. Paschal

Mailing Address 12805 Marcy St

City State Zip Code
Omaha NE 68154-2947

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

Name of Employer Creighton University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33732017

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1614 Oxford Ct

City State Zip Code
Andover KS 67002-9063

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
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33732229

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patricia Young Naylor

Mailing Address 3535 Pierland Dr

City State Zip Code
Pocahontas IL 62275-1541

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

Name of Employer Occupation
Maryville University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2010

Transaction ID: 33732272

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Patricia McAdoo

Mailing Address PO Box 140350

City State Zip Code
Anchorage AK 99514-0350

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33732355

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ellen Strunk

Mailing Address 5602 Lake Trace Dr

City State Zip Code
Birmingham AL 35244-3967

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

Name of Employer Occupation
Restore Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 33732406

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Scott Newton

Mailing Address 408 S 3rd St

City Pulaski State TN Zip Code 38478-3806

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

Name of Employer Maury Regional Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2010

Transaction ID: 33732540

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Kinta Mader LeBlanc

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 ▼ 291.68

Date of Receipt 02 / 19 / 2010

Transaction ID: 33732608

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 19 Dolphin Dr

City St Augustine State FL Zip Code 32080-4530

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

Name of Employer St. Augustine University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2010

Transaction ID: 33732644

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) James J. Dagostino		Date of Receipt MM / DD / YYYY 02 / 20 / 2010		
	Mailing Address 3809 Plaza Dr Ste 112		Transaction ID: 33732657		
	City Oceanside	State CA	Zip Code 92056-4625	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dagostino Physical Therapy, Inc	Occupation PT	Aggregate Year-to-Date 285.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Pamela G. Phelps		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address 1038 Von Trina Dr		Transaction ID: 33732722		
	City Elberton	State GA	Zip Code 30635-4567	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Kemp		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address 1515 Anchor Ct		Transaction ID: 33732733		
	City Mishawaka	State IN	Zip Code 46544-9148	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Quest Therapy Services	Occupation PT	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	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 24 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Scott Allan Dickie

Mailing Address 19223 Point O Woods Ct

City State Zip Code
Baton Rouge LA 70809-6728

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

Name of Employer Peak Performance Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: 33771722

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Sandra Ryan

Mailing Address 11 Saybrooke Dr

City State Zip Code
Penfield NY 14526-1267

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2010

Transaction ID: 33771744

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Edward Allen St. Clair

Mailing Address 571 Pone Ln

City State Zip Code
Franklin PA 16323-3553

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

Name of Employer West Park Rehab
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 33771750

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 38	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Laura A McDonough		Date of Receipt	
	Mailing Address 2601 W 27th Ave		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 33789929
	Anchorage	AK	99517-1246	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer Providence Imaging Center		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	27343.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 38	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address Old Town Branch King Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 1 0
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. C		Transaction ID: 33785466
	Name of Employer		Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.24
			Amount of Each Receipt this Period 102.24

SUBTOTAL of Receipts This Page (optional)	▶	102.24
TOTAL This Period (last page this line number only)	▶	102.24

**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)

PAGE 27 / 38

<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-PA)

A.

Full Name (Last, First, Middle Initial)

Citizens for Garland

Mailing Address 4983 Meadway Drive

City State Zip Code
New Albany OH 43054

Purpose of Disbursement
Nancy Garland, STATE HOUSE 20th OH

Candidate Name
Nancy Garland

Office Sought: House
 Senate
 President

State: OH District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 33385767

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

Nancy Garland, STATE HOUSE
20th OH

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 38

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 33385791 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Cte. <hr/> Mailing Address 430 S. Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 33385792 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">15000.00</div>
C.	Full Name (Last, First, Middle Initial) The Freedom Project <hr/> Mailing Address 111 C Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 33385794 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">21000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 33385795

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

15000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
American Works Committee

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 33385796

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Kissell For Congress

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement

Candidate Name
Mr. Larry Kissell

Office Sought: House Senate President

State: NC District: 08

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: 33385840

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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-PA)

A. Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress <hr/> Mailing Address 22 West Padonia Road Suite C-141 <hr/> City Timonium State MD Zip Code 21093 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name C.A. Dutch Ruppensberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 02	Transaction ID: 33385841 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign <hr/> Mailing Address PO Box 16128 <hr/> City Houston State TX Zip Code 77222 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name Mr. Gene Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29	Transaction ID: 33385842 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) Blue Dog PAC <hr/> Mailing Address 236 Massachusetts Avenue Suite 508 <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 33385843 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	7000.00
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-PA)

A.	Full Name (Last, First, Middle Initial) Hawkeye PAC		Transaction ID: 33385844	
	Mailing Address P.O. Box 7255		Date of Disbursement 02 / 05 / 2010	
	City Des Moines	State IA	Zip Code 50309	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
B.	Full Name (Last, First, Middle Initial) Bob Filner For Congress		Transaction ID: 33385845	
	Mailing Address PO Box 121480		Date of Disbursement 02 / 05 / 2010	
	City Chula Vista	State CA	Zip Code 91912	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Bob Filner				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 50				
C.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate		Transaction ID: 33385846	
	Mailing Address P.O. Box 21093		Date of Disbursement 02 / 05 / 2010	
	City Catonsville	State MD	Zip Code 21228	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Benjamin Cardin				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District:				

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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-PA)

A.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Transaction ID: 33385847 Date of Disbursement
	Mailing Address Post Office Box 112	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Burlingame State CA Zip Code 94011	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Jackie Speier	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee	Transaction ID: 33385848 Date of Disbursement
	Mailing Address 215 Fourth Avenue Suite 200	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Haddon Heights State NJ Zip Code 07076	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Robert Andrews	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Michaud For Congress	Transaction ID: 33385849 Date of Disbursement
	Mailing Address 213 Lisbon St	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. Michael H. Michaud	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Michaud For Congress <hr/> Mailing Address 213 Lisbon St <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael H. Michaud <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33385850 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0	
	Amount of Each Disbursement this Period 500.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Gerlach for Congress <hr/> Mailing Address 700 12th Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name James Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33385851 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Walden For Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Gregory Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33385852 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Transaction ID: 33385853 Date of Disbursement 02 / 05 / 2010
	Mailing Address PO Box 999	Amount of Each Disbursement this Period 1000.00
	City Montross State VA Zip Code 22520	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Robert Wittman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress	Transaction ID: 33385854 Date of Disbursement 02 / 05 / 2010
	Mailing Address P.O. Box 696	Amount of Each Disbursement this Period 2000.00
	City Madison State WI Zip Code 53701	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Tammy Baldwin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Shelley Berkley for Congress	Transaction ID: 33385855 Date of Disbursement 02 / 05 / 2010
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 550.00
	City Las Vegas State NV Zip Code 89121	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Shelley Berkley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3550.00

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)

PAGE 35 / 38

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Citizens For Turner	Transaction ID: 33385856 Date of Disbursement 02 / 05 / 2010
	Mailing Address 120 W. Second Street, Suite 1510	Amount of Each Disbursement this Period 1000.00
	City Dayton State OH Zip Code 45402	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Michael R. (Mike) Turner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Clay Jr. For Congress	Transaction ID: 33385857 Date of Disbursement 02 / 05 / 2010
	Mailing Address P.O. Box 4544 Suite 300	Amount of Each Disbursement this Period 1000.00
	City St. Louis State MO Zip Code 63108	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. William Clay	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Charlie Dent for Congress	Transaction ID: 33385858 Date of Disbursement 02 / 05 / 2010
	Mailing Address P.O. Box 442	Amount of Each Disbursement this Period 500.00
	City Allentown State PA Zip Code 18105	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Charlie Dent	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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-PA)

A.	Full Name (Last, First, Middle Initial) Charlie Dent for Congress	Transaction ID: 33385859
	Mailing Address P.O. Box 442	Date of Disbursement 02 / 05 / 2010
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Candidate Name Charlie Dent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of Joe Pitts Committee	Transaction ID: 33385860
	Mailing Address P.O. Box 2776	Date of Disbursement 02 / 05 / 2010
	City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Joseph Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 33385861
	Mailing Address P.O. Box 8331	Date of Disbursement 02 / 05 / 2010
	City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Fortney Peter Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)

2500.00

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-PA)

A.	Full Name (Last, First, Middle Initial) Maloney For Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement <input type="text" value="011"/> Candidate Name Carolyn Maloney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 14	Transaction ID: 33385862 Date of Disbursement <input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) Becerra For Congress <hr/> Mailing Address P.O. Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement <input type="text" value="011"/> Candidate Name Mr. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: 33385863 Date of Disbursement <input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
C.	Full Name (Last, First, Middle Initial) Diana Godwin <hr/> Mailing Address 1500 NE Irving Suite 370 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement <input type="text" value="011"/> \$72.47 -Fred Meyer(Food), \$203.12 - Trader Joe's(Food & Beverages), \$37.86-New Seasons Market(Food) Candidate Name Sen. Ronald Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Transaction ID: 33715014 Date of Disbursement <input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="315.45"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="6315.45"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Conaway for Congress Mailing Address P.O. Box 51272 City Midland State TX Zip Code 79710 Purpose of Disbursement Candidate Name Michael Conaway Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33715320 Date of Disbursement 02 / 25 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Ruben Hinojosa For Congress Mailing Address 502 North 11th Street City Mcallen State TX Zip Code 78501 Purpose of Disbursement Candidate Name Rep. Ruben Hinojosa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33715326 Date of Disbursement 02 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

79865.45