

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 Check if different than previously reported. (ACC)

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 Report, 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), Aug 20 (M8), Sep 20 (M9), 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 07 / 01 / 2014 through 07 / 31 / 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 08 / 15 / 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)

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.....	401409.67	
(c) Total Receipts (from Line 19) .....	37301.92	351438.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	438711.59	849090.67
7. Total Disbursements (from Line 31).....	87499.00	497878.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	351212.59	351212.59
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19508.36	154567.90
(ii) Unitemized .....	17757.15	194602.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37265.51	349169.90
(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) .....	37265.51	349169.90
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.).....	36.41	268.50
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))..... ▶	37301.92	351438.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37301.92	351438.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87000.00	490740.00
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 .....	499.00	6638.08
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)) ..	87499.00	497878.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87499.00	497878.08

**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) .....	37265.51	349169.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37265.51	348669.90
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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Barbara Reddien Wagner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Covington Lake Dr  
 City Covington Township State PA Zip Code 18424-7818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Scranton Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 60599505**  
 Amount of Each Receipt this Period 250.00

**B. Roger Akers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Spring Ave  
 City La Grande State OR Zip Code 97850-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grande Runde Hospital Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2014  
**Transaction ID : 60600021**  
 Amount of Each Receipt this Period 250.00

**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 ▼ 535.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 60604963**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr Susan L. Whitney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2622 Syracuse Court  
City Sewickley State PA Zip Code 15143-6521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Pittsburgh Occupation PT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 60605797**  
Amount of Each Receipt this Period 500.00

**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 ▼ 600.00

Date of Receipt 07 / 10 / 2014  
**Transaction ID : 60625253**  
Amount of Each Receipt this Period 100.00

**C. Linda J. Zane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8297 Bridle Path  
City Boca Raton State FL Zip Code 33496-1201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PTPN of Florida Occupation PT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2014  
**Transaction ID : 60625254**  
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 8 OF 67
	(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

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

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

**A. Mr Luke T. Kron**  
Full Name (Last, First, Middle Initial)

Mailing Address 866 High Pointe Cir

City State Zip Code  
Minneola FL 34715-7441

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

Name of Employer Occupation  
FCHR P.A. PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 10 / 2014  
Transaction ID : **60625255**

Amount of Each Receipt this Period  
500.00

**B. Kevin Krause**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 W Penn Ave

City State Zip Code  
Robesonia PA 19551-9550

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

Name of Employer Occupation  
Western Berks PT PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 10 / 2014  
Transaction ID : **60625256**

Amount of Each Receipt this Period  
500.00

**C. Darren A. Rodia**  
Full Name (Last, First, Middle Initial)

Mailing Address 1528 High Country Rd

City State Zip Code  
Downingtown PA 19335-5706

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

Name of Employer Occupation  
Kinetic Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 10 / 2014  
Transaction ID : **60625257**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Nancy E. Byl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12961 Skyline Blvd  
 City Oakland State CA Zip Code 94619-3533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of California-San Francisco Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2014  
**Transaction ID : 60625258**  
 Amount of Each Receipt this Period 1000.00

**B. Pamela White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5559 Bayberry Cv  
 City Memphis State TN Zip Code 38120-2443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 10 / 2014  
**Transaction ID : 60625259**  
 Amount of Each Receipt this Period 50.00

**C. Dr Stephen Mark Levine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7520 Nw 12th St  
 City Plantation State FL Zip Code 33313-5922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rehabilitation Consulting & Resource I Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2014  
**Transaction ID : 60632813**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**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 10 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms Jeanne Marie Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Tuckers Run  
 City Ledyard State CT Zip Code 06339-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 10 / 2014**  
**Transaction ID : 60634531**  
 Amount of Each Receipt this Period **250.00**

**B. 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 **450.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 60756795**  
 Amount of Each Receipt this Period **75.00**

**C. Ms Stacy Marie Menz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 Van Ness Ave Apt 204  
 City San Francisco State CA Zip Code 94109-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Starfish Therapies Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 60756796**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr Sheree Chapman York**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 Delcris Ct

City Birmingham State AL Zip Code 35226-1978

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

Name of Employer CHSYS Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 05 / 2014  
**Transaction ID : 60756987**

Amount of Each Receipt this Period 250.00

**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 ▼ 600.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : 60757006**

Amount of Each Receipt this Period 100.00

**C. 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 ▼ 335.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : 60757009**

Amount of Each Receipt this Period 50.00

**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 12 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr Arthur Clarence Bronsord</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2014 <b>Transaction ID : 60757010</b>
Mailing Address 16917 Ketocin Church Rd		Amount of Each Receipt this Period 200.00
City Purcellville	State VA	Zip Code 20132-3542
FEC ID number of contributing federal political committee. C		
Name of Employer State of the Art Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Jeffrey Thomas Hamilton</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2014 <b>Transaction ID : 60757011</b>
Mailing Address 8412 Mahan Dr		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Connie Hauser</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2014 <b>Transaction ID : 60757013</b>
Mailing Address 235 S Main St		Amount of Each Receipt this Period 500.00
City Barbourville	State KY	Zip Code 40906-1117
FEC ID number of contributing federal political committee. C		
Name of Employer Kentucky Physical Therapy & Rehab, Inc	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ 300.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : 60757014**  
 Amount of Each Receipt this Period 50.00

**B. Dr Kathleen Ann Luedtke-Hoffmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2722 Woods Ln  
 City Garland State TX Zip Code 75044-2808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Women's University Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : 60757015**  
 Amount of Each Receipt this Period 100.00

**C. Craig A. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 160453  
 City Altamonte Springs State FL Zip Code 32716-0453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Rehabilitation & Spor Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : 60757016**  
 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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ms Susan W. Priestman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6575 N Tioga Way  
 City Las Vegas State NV Zip Code 89131-3539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **435.00**

Date of Receipt **07 / 08 / 2014**  
**Transaction ID : 60757018**  
 Amount of Each Receipt this Period **100.00**

**B. Jerry Pumphrey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5300 Hickory Park Dr Ste 110  
 City Glen Allen State VA Zip Code 23059-2629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Progress Rehabilitation Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 08 / 2014**  
**Transaction ID : 60757019**  
 Amount of Each Receipt this Period **250.00**

**C. Dennis Spillane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5136 Mount Ararat Dr  
 City San Diego State CA Zip Code 92111-3846  
 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 **400.00**

Date of Receipt **07 / 08 / 2014**  
**Transaction ID : 60757021**  
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼  
400.00

Date of Receipt  
07 / 08 / 2014  
**Transaction ID : 60757023**

Amount of Each Receipt this Period  
50.00

**B. Amira Ranney**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Southside Ave Ste 225

City State Zip Code  
Asheville NC 28801-4188

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

Name of Employer Occupation  
Mountain Physical Therapy Services PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 11 / 2014  
**Transaction ID : 60757079**

Amount of Each Receipt this Period  
500.00

**C. Laurie Anne Schroder**  
Full Name (Last, First, Middle Initial)

Mailing Address 1840 Oak Plains Rd

City State Zip Code  
Ashland City TN 37015-9109

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

Name of Employer Occupation  
Daymar Institute PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 14 / 2014  
**Transaction ID : 60762790**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Cynthia Driskell**

Mailing Address 7208 E Cave Creek Rd Ste H  
 PO Box 5924

City State Zip Code  
 Carefree AZ 85377-5924

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

Name of Employer Occupation  
 Carefree Physical Therapy 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  
 07 / 24 / 2014

**Transaction ID : 60768729**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Ms Holly Clynych**

Mailing Address 18220 Ginavale Ln

City State Zip Code  
 Eden Prairie MN 55346-2107

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

Name of Employer Occupation  
 St. Catherine University 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  
 07 / 17 / 2014

**Transaction ID : 60805541**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 6 Bentridge Rd

City State Zip Code  
 Falmouth ME 04105-2500

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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : 60805550**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 67
	<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

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

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

**A. 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 ▼ 520.00

Date of Receipt 07 / 23 / 2014  
**Transaction ID : 60805553**  
 Amount of Each Receipt this Period 250.00

**B. 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 ▼ 250.00

Date of Receipt 07 / 17 / 2014  
**Transaction ID : 60805557**  
 Amount of Each Receipt this Period 50.00

**C. Mr Peter J. McMnamin**  
 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 ▼ 250.00

Date of Receipt 07 / 17 / 2014  
**Transaction ID : 60805707**  
 Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<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

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

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

**A. Jay Greville Shaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 775 Northwoods Dr

City State Zip Code  
Whitefish MT 59937-8159

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

Name of Employer Occupation  
Northern Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
07 / 17 / 2014  
Transaction ID : 60805708

Amount of Each Receipt this Period  
50.00

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

Mailing Address 702 2nd Ave W Apt 205

City State Zip Code  
Seattle WA 98119-3771

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

Name of Employer Occupation  
Therapeutic Associates PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
07 / 24 / 2014  
Transaction ID : 60805838

Amount of Each Receipt this Period  
50.00

**C. Secili Hurley DeStefano**  
Full Name (Last, First, Middle Initial)

Mailing Address 43217 Lindsay Marie Dr

City State Zip Code  
Ashburn VA 20147-3111

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 ▼  
240.00

Date of Receipt  
07 / 17 / 2014  
Transaction ID : 60806002

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 19 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Stephen Tollefson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14511 183rd Ave Ne  
 City Woodinville State WA Zip Code 98072-9377  
 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  
 07 / 17 / 2014  
**Transaction ID : 60806016**  
 Amount of Each Receipt this Period  
 250.00

**B. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : 60806035**  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : 60806036**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
	<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

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

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

**A. 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 ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2014**

**Transaction ID : 60806049**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1532 Nathan Hills Cir

City Maryville State TN Zip Code 37801-8981

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

Name of Employer Appalachian Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2014**

**Transaction ID : 60806051**

Amount of Each Receipt this Period  
**50.00**

**C. 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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2014**

**Transaction ID : 60806059**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 67
	<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

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) <b>A. Mr Matthew Wayne Elrod</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 4782 Farndon Ct		<b>Transaction ID : 60811187</b>
City Fairfax	State VA	Zip Code 22032-1913
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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 ▼ 270.92	

Full Name (Last, First, Middle Initial) <b>B. Mandy Frohlich</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1363 Emerald Street, NE		<b>Transaction ID : 60811189</b>
City Washington	State DC	Zip Code 20002-5431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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 ▼ 270.92	

Full Name (Last, First, Middle Initial) <b>C. Mary Jane Harris</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 6500 Langleigh Way		<b>Transaction ID : 60811191</b>
City Alexandria	State VA	Zip Code 22315-3454
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
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 ▼ 541.71	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
	<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

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

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

**A. 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 ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : 60811196**

Amount of Each Receipt this Period  
 20.84

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

Mailing Address 3908 19th Street South

City Arlington State VA Zip Code 22204-5114

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

Name of Employer APTA Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : 60811202**

Amount of Each Receipt this Period  
 20.84

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

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 561.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : 60811203**

Amount of Each Receipt this Period  
 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Chad M. Novasic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1823 Landre Ct  
 City Burlington State WI Zip Code 53105-7603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer P.T. Plus Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 60845640**  
 Amount of Each Receipt this Period **250.00**

**B. 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 **300.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 60845642**  
 Amount of Each Receipt this Period **50.00**

**C. Susan C. Abis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Waterview Dr  
 City Amherst State NH Zip Code 03031-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Align Networks Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 60845694**  
 Amount of Each Receipt this Period **125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr Jeremy Shane Angaran</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014
Mailing Address 7176 Kamilo St		<b>Transaction ID : 60845695</b>
City Honolulu	State HI	Zip Code 96825-1622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Frank C. Fantazzi</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014
Mailing Address 4720 Lincrest Dr		<b>Transaction ID : 60845696</b>
City Brookfield	State WI	Zip Code 53045-1123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PT Plus	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Ann A. Ryan</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014
Mailing Address 7415 Fernbrook Ln N		<b>Transaction ID : 60845699</b>
City Maple Grove	State MN	Zip Code 55311-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mrs Amy Therese Snyder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1423 Saint Charles St  
 City Wauwatosa State WI Zip Code 53213-2721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 60845701**  
 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 Atascadero State CA Zip Code 93422-1569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Luis Sports Therapy & Orthopedic R Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **535.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 60845702**  
 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 Mount Laurel State NJ Zip Code 08054-3315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 60845704**  
 Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
	<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

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

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

**A. Dr Mark G. Snyder**  
Full Name (Last, First, Middle Initial)

Mailing Address 1423 Saint Charles St

City Wauwatosa State WI Zip Code 53213-2721

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

Name of Employer Occupation  
PT Plus PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 15 / 2014  
Transaction ID : 60845705

Amount of Each Receipt this Period  
50.00

**B. 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 Occupation  
Cary Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
07 / 17 / 2014  
Transaction ID : 60845710

Amount of Each Receipt this Period  
100.00

**C. Linda E Arslanian**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Bray St

City Gloucester State MA Zip Code 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 ▼  
300.00

Date of Receipt  
07 / 19 / 2014  
Transaction ID : 60867527

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 27 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Glenn H Goldfinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 E 76th St Apt 2d

City New York State NY Zip Code 10021-2811

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 07 / 24 / 2014

Transaction ID : 60876274

Amount of Each Receipt this Period 500.00

**B. Charles E. Schulte**  
Full Name (Last, First, Middle Initial)

Mailing Address 1140 E Algonquin Rd

City Algonquin State IL Zip Code 60102-3084

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

Name of Employer Diamond Physical Therapy Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 21 / 2014

Transaction ID : 60876655

Amount of Each Receipt this Period 300.00

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

Mailing Address 4191 Westcott Dr Ne

City Iowa City State IA Zip Code 52240-7788

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

Name of Employer Progressive Rehab Associates Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 22 / 2014

Transaction ID : 60876671

Amount of Each Receipt this Period 250.00

**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 28 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Julianne Courtenay**  
Full Name (Last, First, Middle Initial)

Mailing Address 23254 Cuestport Dr

City Valencia State CA Zip Code 91354-1905

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 ▼ 350.00

Date of Receipt 07 / 22 / 2014  
Transaction ID : 60876673

Amount of Each Receipt this Period 50.00

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

Mailing Address 6003 Hazelwood Ln. SE

City Bellevue State WA Zip Code 98006-2615

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

Name of Employer Comprehensive Physical Therapy Center Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 22 / 2014  
Transaction ID : 60876679

Amount of Each Receipt this Period 100.00

**C. 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 ▼ 600.00

Date of Receipt 07 / 22 / 2014  
Transaction ID : 60876683

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 29 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 241 Parrish St Ste A

City Canandaigua State NY Zip Code 14424-1727

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

Name of Employer Lake Country Physical Therapy & Sports Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 22 / 2014  
Transaction ID : 60876684

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 ▼ 318.22

Date of Receipt 07 / 22 / 2014  
Transaction ID : 60876686

Amount of Each Receipt this Period 45.46

**C. Patrick Donovan Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 6453 Spring Water Dr

City Columbus State GA Zip Code 31904-2982

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 ▼ 1750.00

Date of Receipt 07 / 22 / 2014  
Transaction ID : 60876688

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 395.46

**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 30 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
07 / 22 / 2014  
Transaction ID : 60876689

Amount of Each Receipt this Period  
100.00

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

Mailing Address 430 Hartley Pl

City Duluth State MN Zip Code 55803-2473

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

Name of Employer Workwell Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 22 / 2014  
Transaction ID : 60876691

Amount of Each Receipt this Period  
50.00

**c. 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 ▼  
300.00

Date of Receipt  
07 / 22 / 2014  
Transaction ID : 60876692

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 900 Cleveland Ave

City Batavia State IL Zip Code 60510-2861

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

Name of Employer Physical Therapy Advantage Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : 60876695**

Amount of Each Receipt this Period  
**50.00**

**B. Dr Aimee B. Klein**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 S 12th St Unit 1603

City Tampa State FL Zip Code 33602-3691

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

Name of Employer MGH Institute of Health Professions Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **835.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : 60876697**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 1475 1st Ave Sw

City Jacksonville State AL Zip Code 36265-3337

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

Name of Employer AL Physical Rehab Service Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : 60876699**

Amount of Each Receipt this Period  
**208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>458.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr 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 ▼ 350.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60876700**  
 Amount of Each Receipt this Period 50.00

**B. Sandra Lee Norby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 Central Ave SE  
 City Le Mars State IA Zip Code 51031-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Le Mars Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60876701**  
 Amount of Each Receipt this Period 250.00

**C. Robert Pair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2603 G St  
 City Bakersfield State CA Zip Code 93301-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pair & Marotta Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60876703**  
 Amount of Each Receipt this Period 100.00

**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 33 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dr Eva Norman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11144 Hillsboro Ave N  
 City Champlin State MN Zip Code 55316-3128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ortho Rehab Specialists Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60876705**  
 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 ▼ 420.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60876766**  
 Amount of Each Receipt this Period 50.00

**C. Dr Reva P. Rauk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8987 Northcove Dr  
 City Park City State UT Zip Code 84098-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Utah Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60877278**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr Brett Alan Roberts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 196 Wilson St  
City Amherst State WI Zip Code 54406-9040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Roberts Therapy Occupation PT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60877375**  
Amount of Each Receipt this Period 100.00

**B. Ms Lydia C. Radosevich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 439 Mechem Dr  
City Ruidoso State NM Zip Code 88345-6813  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ruidoso Physical Therapy Occupation PT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60877571**  
Amount of Each Receipt this Period 50.00

**C. 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 ▼ 500.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60877729**  
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 35 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 **315.00**

Date of Receipt **07 / 22 / 2014**  
**Transaction ID : 60877882**  
 Amount of Each Receipt this Period **45.00**

**B. 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 **700.00**

Date of Receipt **07 / 22 / 2014**  
**Transaction ID : 60878094**  
 Amount of Each Receipt this Period **100.00**

**C. 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 **400.00**

Date of Receipt **07 / 22 / 2014**  
**Transaction ID : 60878298**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>245.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 1470.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60878369**  
 Amount of Each Receipt this Period 210.00

**B. Paul J. Welk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2461 Alydar Dr  
 City Wexford State PA Zip Code 15090-7952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tucker Law Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60878374**  
 Amount of Each Receipt this Period 50.00

**c. Dr Deborah Ingram**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8337 Mitchell Mill Rd  
 City Ooltewah State TN Zip Code 37363-8837  
 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 ▼ 500.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60878375**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**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 37 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 319 Nicklaus Ct

City Grove City State PA Zip Code 16127-3459

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

Name of Employer Self-Employed Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 23 / 2014  
**Transaction ID : 60878387**

Amount of Each Receipt this Period 500.00

**B. Daniel K. Distin**  
Full Name (Last, First, Middle Initial)

Mailing Address 5060 Cascade Rd Se Ste A

City Grand Rapids State MI Zip Code 49546-3808

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

Name of Employer Center for Physical Rehabilitation Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : 60889054**

Amount of Each Receipt this Period 500.00

**C. A Gregor MacKenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 Falls Creek Dr

City Vandalia State OH Zip Code 45377-8600

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

Name of Employer Excel Sports Medicine Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 60894823**

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 38 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ms Marni Jane Larkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Brookside Dr  
 City Plandome State NY Zip Code 11030-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gyrotonic Manhasset PT 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  
 07 / 22 / 2014  
**Transaction ID : 60895971**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Enrico Michael Dellagatta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 663  
 City Hammonton State NJ Zip Code 08037-0663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maple Leaf 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  
 07 / 22 / 2014  
**Transaction ID : 60897085**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr Erik Paul Moen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19216 65th Place NE  
 City Kenmore State WA Zip Code 98028-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Corpore Sano 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  
 07 / 24 / 2014  
**Transaction ID : 61006450**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Catherine Liles Pierce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3230 Roscher Rd  
 City State Zip Code  
 Corpus Christi TX 78418-8907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Therapy First 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  
 07 / 12 / 2014  
**Transaction ID : 61010889**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr Troy Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 E Walnut Ave  
 City State Zip Code  
 El Segundo CA 90245-2438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Davis and DeRosa Physical Therapy 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  
 07 / 31 / 2014  
**Transaction ID : 61016156**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr William Gutierrez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 724 Sevilla Ave  
 City State Zip Code  
 Coral Gables FL 33134-5628  
 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  
 07 / 25 / 2014  
**Transaction ID : 61016167**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr 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 ▼ 291.69

Date of Receipt 07 / 28 / 2014  
**Transaction ID : 61016570**  
 Amount of Each Receipt this Period 41.67

**B. Ms Lynda D. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 850 Road 5  
 City Powell State WY Zip Code 82435-8422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advantage Rehab Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 29 / 2014  
**Transaction ID : 61023099**  
 Amount of Each Receipt this Period 100.00

**C. Ms Jenelle Lauchman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9173 Smugglers Beach Ct  
 City Las Vegas State NV Zip Code 89178-6273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2014  
**Transaction ID : 61023104**  
 Amount of Each Receipt this Period 62.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Ms Angela Wilson Pennisi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 Sherman Ave  
 City Evanston State IL Zip Code 60202-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LakeShore Sports Physical Therapy Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 07 / 29 / 2014  
**Transaction ID : 61023109**  
 Amount of Each Receipt this Period 100.00

**B. 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 ▼ 525.00

Date of Receipt 07 / 29 / 2014  
**Transaction ID : 61023110**  
 Amount of Each Receipt this Period 75.00

**C. Ms Kelly Marie Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 Tierra Mesa  
 City Atascadero State CA Zip Code 93422-1569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer San Luis Sports Therapy & Orthopedic R Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 29 / 2014  
**Transaction ID : 61023114**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1970 Pierce St

City Daniel Island State SC Zip Code 29492-7988

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

Name of Employer MUSC Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : 61023116**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Cathleen M. Tarro**

Mailing Address 8301 44th St W

City University Place State WA Zip Code 98466-2305

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

Name of Employer Self-Employed Occupation PTA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : 61023117**

Amount of Each Receipt this Period  
**45.00**

Full Name (Last, First, Middle Initial)  
**C. Anne W Thompson**

Mailing Address 124 Cherryfield Ln

City Savannah State GA Zip Code 31419-9095

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

Name of Employer Armstrong State University Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **329.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : 61023119**

Amount of Each Receipt this Period  
**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>137.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Raymond Mark Tresemer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1110 W Ontario St

City State Zip Code  
Centerville IA 52544-2038

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  
07 / 29 / 2014  
Transaction ID : **61023276**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 160 Lilac Ln

City State Zip Code  
Greenville MS 38701-7319

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 ▼  
350.00

Date of Receipt  
07 / 31 / 2014  
Transaction ID : **61037937**

Amount of Each Receipt this Period  
50.00

**C. 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 ▼  
291.76

Date of Receipt  
07 / 31 / 2014  
Transaction ID : **61037947**

Amount of Each Receipt this Period  
20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.84

**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 44 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1363 Emerald Street, NE

City Washington State DC Zip Code 20002-5431

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

Name of Employer APTA Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 31 / 2014  
**Transaction ID : 61037949**

Amount of Each Receipt this Period 20.84

**B. Mary Jane Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 6500 Langleigh Way

City Alexandria State VA Zip Code 22315-3454

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

Name of Employer APTA Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : 61037951**

Amount of Each Receipt this Period 41.67

**C. 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 ▼ 291.76

Date of Receipt 07 / 31 / 2014  
**Transaction ID : 61037956**

Amount of Each Receipt this Period 20.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3908 19th Street South

City State Zip Code  
Arlington VA 22204-5114

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 ▼  
291.76

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : 61037958**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 4819 1st St S

City State Zip Code  
Arlington VA 22204-1315

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 ▼  
603.38

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : 61037960**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**C. Ms Amy Louise Goddard**

Mailing Address 718 Warwick Ln

City State Zip Code  
Coppell TX 75019-2752

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

Name of Employer Occupation  
Goddard Orthopedic and Sports Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 29 / 2014  
**Transaction ID : 61231982**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.51
<b>TOTAL</b> This Period (last page this line number only).....▶	19508.36

**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 67
<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

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) <b>A. SunTrust Bank</b>		Date of Receipt
Mailing Address Old Town Branch King Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 61219051</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="28.77"/>
Aggregate Year-to-Date ▼ <input type="text" value="201.59"/>		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="28.77"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="28.77"/>



**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. CMR PAC**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**CMR PAC**

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
07		14		2014

**Transaction ID : 60759358**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Capuano For Congress Committee**

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Michael Capuano**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

**Transaction ID : 60759359**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Rudy Hobbs For Congress**

Mailing Address PO Box 442056

City Detroit State MI Zip Code 48244

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rudy Hobbs**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

**Transaction ID : 60759361**

Amount of Each Disbursement this Period

2000.00
---------

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

8000.00
---------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

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

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. American Works Committee**

Mailing Address 328 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**American Works Committee**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874912**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement

011

Candidate Name

**Glenn Thompson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874913**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874914**

Amount of Each Disbursement this Period

1000.00

**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

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. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Candidate Name

**Gus Bilirakis**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60874915**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Making Business Excel PAC**

Mailing Address P.O. Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60874916**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60874967**

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)..... ▶

--

**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. 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

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874968**

Amount of Each Disbursement this Period

500.00

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

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874969**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. RFW PAC**

Mailing Address P.O. Box 1281

City Tupelo State MS Zip Code 38802-1281

Purpose of Disbursement

011

Candidate Name

**RFW PAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874971**

Amount of Each Disbursement this Period

1000.00

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

2000.00

**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

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. Karen Bass For Congress**

Mailing Address 777 S. Figueroa Street  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Candidate Name

**Karen Bass**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874972**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Candidate Name

**Sen. Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874973**

Amount of Each Disbursement this Period

2500.00

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

MM / DD / YYYY  
07 / 22 / 2014

**Transaction ID : 60874977**

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Lois Frankel For Congress**

Mailing Address PO Box 812421

City Boca Raton State FL Zip Code 33481

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Lois Frankel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60874978**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Herrera Beutler Jaime**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60874981**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Moore For Congress**

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gwendolynne Moore**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60874982**

Amount of Each Disbursement this Period

1500.00
---------

**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

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. Amodei For Nevada**

Mailing Address 503 N Division St

City Carson City State NV Zip Code 89703

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mark Amodei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875810**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Rob Bishop For Congress**

Mailing Address PO Box 1776

City Brigham City State UT Zip Code 84302

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rob Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875811**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875812**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875813**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Boustany for Congress**

Mailing Address P.O. Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Charles Boustany**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875814**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Boustany for Congress**

Mailing Address P.O. Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Charles Boustany**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875815**

Amount of Each Disbursement this Period

500.00
--------

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

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

3500.00
---------

--



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Candidate Name

**Susan Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875816**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. 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 M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875819**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jeff Duncan For Congress**

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement

011

Candidate Name

**Rep. Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875820**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Renee Ellmers RN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875821**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick For Congress**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875822**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Chuck Fleischmann For Congress Committee, Inc.**

Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Charles Fleischmann**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875823**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steven Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	4

**Transaction ID : 60875869**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	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	7		2	2		2	0	1	4

**Transaction ID : 60875875**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	4

**Transaction ID : 60875876**

Amount of Each Disbursement this Period

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

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0



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

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

FOR LINE NUMBER:  
(check only one)

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

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. Doug Lamalfa Committee**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Candidate Name

**Doug Lamalfa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875898**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Lance For Congress**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011

Candidate Name

**Rep. Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875918**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

**Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875950**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4500.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Mcnerney For Congress**

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement

011

Candidate Name

**Rep. Jerry McNerney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875951**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Nunnelee For Congress**

Mailing Address 438 East Main St  
PO Box 7092

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

011

Candidate Name

**Patrick Nunnelee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875952**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Candidate Name

**Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875953**

Amount of Each Disbursement this Period

1500.00
---------

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

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

4500.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. 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 M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875954**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Quigley For Congress**

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael Quigley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

**Transaction ID : 60875955**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marion Rounds**

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
07		22		2014

**Transaction ID : 60875956**

Amount of Each Disbursement this Period

2500.00
---------

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

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

4500.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Lucille Roybal-Allard For Congress**

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Lucille Roybal-Allard**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 60875957

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Filemon Vela For Congress**

Mailing Address 2929 Mossrock Street Suite 215

City San Antonio State TX Zip Code 78230

Purpose of Disbursement

011

Candidate Name

**Rep. Filemon Vela Jr.**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 60875958

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tim Walz For Us Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Candidate Name

**Rep. Timothy J. Walz**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 60875959

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

**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

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. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	4

**Transaction ID : 60875960**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. 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	7		2	2		2	0	1	4

**Transaction ID : 60876011**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Candidate Name

**Edward Whitfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	4

**Transaction ID : 60876013**

Amount of Each Disbursement this Period

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

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

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

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

2	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

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. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steve Scalise**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2014

**Transaction ID : 60876014**

Amount of Each Disbursement this Period

1000.00

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

M M / D D / Y Y Y Y Y Y

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

87000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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. Committee to Elect Julie Rogers

Mailing Address 3428 Marlane Avenue

City Kalamazoo State MI Zip Code 49006

Purpose of Disbursement  
Julie Rogers, Local MI

011

Category/  
Type

Candidate Name

**Julie Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

**Transaction ID : 60759354**

Amount of Each Disbursement this Period

499.00
--------

Julie Rogers, Local MI

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

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

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

499.00
--------

499.00
--------