

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, Runoff, Special

5. Covering Period 08 01 2006 through 08 31 2006

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 David Mason

Signature of Treasurer Electronically Filed by Mr David Mason Date 09 20 2006

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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		383492.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	388500.53									
(c) Total Receipts (from Line 19) .....	55223.82	411850.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	443724.35	795342.70								
7. Total Disbursements (from Line 31) .....	30500.00	382118.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	413224.35	413224.35								
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-PA)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	20752.50	178489.50
(i) Itemized (use Schedule A) .....	33232.45	225346.51
(ii) Unitemized .....	53984.95	403836.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	53984.95	403836.01
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1238.87	8014.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	55223.82	411850.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55223.82	411850.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	379875.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	2243.35
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30500.00	382118.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30500.00	382118.35

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	53984.95	403836.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53984.95	403836.01
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David H Armet		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 1170 Simonds Rd		<b>Transaction ID:</b> 16183703	
City State Zip Code Williamstown MA 01267-2104		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Williamstown Physical Therapy PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard T. Peret		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 1211 Poplar Avenue		<b>Transaction ID:</b> 16183705	
City State Zip Code Annapolis MD 21401-3341		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Tidewater Physical Therapy PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Leslie G Clodfelter		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 10304 N County Road 375 W		<b>Transaction ID:</b> 16184050	
City State Zip Code Roachdale IN 46172-9525		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Greencastle Physical Therapy PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Mary S. Butch		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 4463 McCaslin Ridge Drive		Transaction ID: 16213705	
City Allison Park	State PA	Zip Code 15101-2165	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Physical Rehab Services	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Billy Butch		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 4463 Mccaslin Ridge Dr		Transaction ID: 16213708	
City Allison Park	State PA	Zip Code 15101-2165	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Physical Rehab Services	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Ms. Audrey R Zucker-Levin		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 1810 Greensprings Ln		Transaction ID: 16213757	
City Germantown	State TN	Zip Code 38138-3011	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of TN-Memphis	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Tracey Lynne Estok

Mailing Address 22310 County Rd 455

City State Zip Code  
Howey In The Hills FL 34737-4516

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  
M M / D D / Y Y Y Y Y  
08 / 02 / 2006

**Transaction ID: 16215388**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Hildreth

Mailing Address 930 Marengo Street

City State Zip Code  
New Orleans LA 70115-2753

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 ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2006

**Transaction ID: 16215921**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann Marie Todd

Mailing Address 1915 Alabama

City State Zip Code  
Lawrence KS 66046-2647

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

Name of Employer Self-Employed Occupation  
PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

**Transaction ID: 16291729**

Amount of Each Receipt this Period  
187.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>787.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. James Zachazewski</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 47 Fuller Brook Ave		<b>Transaction ID: 16309506</b>	
City State Zip Code Needham MA 02492-1226	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Massachusetts General Hospital	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>B. Mr. Gary A Ibershoff</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address 23114 Lodge Lane		<b>Transaction ID: 16312720</b>	
City State Zip Code Dearborn MI 48128-1883	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Detroit Medical Center	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jorge Luis Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address 132 Cypress Way East Apt 2		<b>Transaction ID: 16312732</b>	
City State Zip Code Naples FL 34110-1204	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William H Born		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address N36W22615 Long Valley Rd		<b>Transaction ID:</b> 16312734	
City State Zip Code Pewaukee WI 53072-4182	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John F Crowe		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address Sport Clinic of Greater Milwaukee 11904 W. North Ave. Suite 100		<b>Transaction ID:</b> 16312735	
City State Zip Code Wauwatosa WI 53226-2062	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sport Clinic of Greater Milwaukee PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles J. Gulas		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 2054 Wild Horse Creek Rd		<b>Transaction ID:</b> 16325713	
City State Zip Code Wildwood MO 63038-1202	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Maryville University PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	675.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Onuwa Diyata Terry</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 1918 E Griffen Pkwy		<b>Transaction ID: 16325715</b>
City State Zip Code Mission TX 78572-3106	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Terry Physical Therapy 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. Ms. Kathy White</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 2816 Forestdale Ave		<b>Transaction ID: 16325720</b>
City State Zip Code Knoxville TN 37917-2840	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Drew G Bossen</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 4191 Westcott Dr NE		<b>Transaction ID: 16325728</b>
City State Zip Code Iowa City IA 52240-7788	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Progressive Rehab Associates Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffery C. Schade</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address 924 W Custer		Transaction ID: 16325730	
City State Zip Code Pontiac IL 61764-1067	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Champion Fitness MRC	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas Matthew Peterson</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address 1521 Northway Dr Suite 116		Transaction ID: 16325732	
City State Zip Code Saint Cloud MN 56303-1274	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kinesis Physical Therapy Inc	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Randall G. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address 11212 94th Ave E		Transaction ID: 16325733	
City State Zip Code Puyallup WA 98373-3662	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Apple Physical Therapy	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Laura A. Frey Law

Mailing Address 1-252 Medical Education Bldg.

City Iowa City State IA Zip Code 52242-1190

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

Name of Employer University of Iowa Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 10 / 2006

Transaction ID: 16332502

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carin Shuler

Mailing Address 1303 West 6th Street Suite 104

City Corona State CA Zip Code 92882-3196

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

Name of Employer Inland Empire Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 10 / 2006

Transaction ID: 16332503

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jay H. Segal

Mailing Address 1537 Bent River Circle

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 ▼  
800.00

Date of Receipt  
08 / 10 / 2006

Transaction ID: 16332505

Amount of Each Receipt this Period  
100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steven Cassabaum		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 62944 Sunset Drive		<b>Transaction ID:</b> 16332506	
City Nevada	State IA	Zip Code 50201-7947	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer 21st Century Rehab	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2035.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael H. Morgan		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 264 Heights Road		<b>Transaction ID:</b> 16332508	
City Darien	State CT	Zip Code 06820-4122	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Darien Physical Therapy Center	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Dennis P Langton		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 727 Live Oak Drive		<b>Transaction ID:</b> 16332509	
City El Cajon	State CA	Zip Code 92020-5633	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer E&L and Associates 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		

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lydia Radosevich		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 439 Mechem Drive		Transaction ID: 16332510	
City Ruidoso	State NM	Zip Code 88345-6813	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ruidoso Physical Therapy	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Paul O. Kraushaar		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 1737 Arbor Oaks Drive		Transaction ID: 16332512	
City Muscatine	State IA	Zip Code 52761-2623	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Muscatine Physical Therapy Services	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Vern James Essenberg		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 106 Montgomery Street		Transaction ID: 16332513	
City Steilacoom	State WA	Zip Code 98388-1029	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Olympic Sports and Spine Rehab	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Kevin T Murray		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 9649 Belair Road Suite 301		Transaction ID: 16332515
City Nottingham	State MD	Zip Code 21236-1115
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gold Medal Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joanna Mary Goldin		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 8652 E Otero Place		Transaction ID: 16332518
City Englewood	State CO	Zip Code 80112-3317
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sport and Spine PT	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Laurie Jean Johnson		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 430 Hartley Place		Transaction ID: 16332519
City Duluth	State MN	Zip Code 55803-2473
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Workwell	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Alan B Crothers		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 2791 S Ten Mile Road		<b>Transaction ID:</b> 16332520	
City State Zip Code Meridian ID 83642-6509	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self-Employed PT	Aggregate Year-to-Date ▼ 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Catherine E Patla		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 19 Dolphin Drive		<b>Transaction ID:</b> 16332521	
City State Zip Code St. Augustine FL 32080-4530	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation St. Augustine University PT	Aggregate Year-to-Date ▼ 735.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. James Richard Roush		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 4142 E Campbell Ave		<b>Transaction ID:</b> 16332522	
City State Zip Code Higley AZ 85236-3915	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation ASHS PT	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Julie Lee Rosen</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 445 Park Ave		<b>Transaction ID: 16332524</b>	
City State Zip Code Glencoe IL 60022-1527	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. David Vincent Powers</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 1583 Calle Patricia Suite 200		<b>Transaction ID: 16332525</b>	
City State Zip Code Pacific Palisades CA 90272-1942	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ultimate Rehab	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Anne W Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 124 Cherryfield Lane		<b>Transaction ID: 16332527</b>	
City State Zip Code Savannah GA 31419-9095	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Armstrong State University	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Patrick J. Van Beveren		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 727 Sumner Avenue		<b>Transaction ID:</b> 16332534	
City State Zip Code Syracuse NY 13210-2925	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jeanine Marie Gunn		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 6670 Loveland-Miamiville Rd		<b>Transaction ID:</b> 16332535	
City State Zip Code Loveland OH 45140-8732	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jonathan M. Cooperman		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 4797 Sherman Rd		<b>Transaction ID:</b> 16332536	
City State Zip Code Kent OH 44240-7054	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Linda E Arslanian		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 230 Bray St		<b>Transaction ID:</b> 16332538	
City Gloucester	State MA	Amount of Each Receipt this Period 50.00	
Zip Code 01930-1551		FEC ID number of contributing federal political committee. C	
Name of Employer Health Partners	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Kathleen Ann Luedtke-Hoffmann		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 2722 Woods Lane		<b>Transaction ID:</b> 16332540	
City Garland	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 75044-2808		FEC ID number of contributing federal political committee. C	
Name of Employer Texas Women's University	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 700.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Rodger Land		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 509 E Michigan Avenue		<b>Transaction ID:</b> 16332541	
City Foley	State AL	Amount of Each Receipt this Period 100.00	
Zip Code 36535-2417		FEC ID number of contributing federal political committee. C	
Name of Employer Physical Therapy Special-ists Inc.,	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 735.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Clyde Lower

Mailing Address 1234 NW 14th Avenue

City Gainesville State FL Zip Code 32601-4042

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

Name of Employer Gainesville PT & Rehab Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2006

**Transaction ID: 16332543**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Pat Corrigan Jobs

Mailing Address 977 Giaroli Rd.

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 ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2006

**Transaction ID: 16332546**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Clarence Bronsord

Mailing Address 16917 Kectoctin Church Road

City Purcellville State VA Zip Code 20132-3542

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  
 M M / D D / Y Y Y Y  
 08 / 10 / 2006

**Transaction ID: 16332550**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Adelekan K Adeleke</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 25940 Timberline Drive		<b>Transaction ID: 16332552</b>	
City State Zip Code Warren MI 48091-6016	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation PT	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Jane S. Baldwin</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 12 Ninth Street Apt 603		<b>Transaction ID: 16332553</b>	
City State Zip Code Medford MA 02155-5165	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Partners Occupation PT	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mrs. Maryann Russo</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 3632 Wildwood Street		<b>Transaction ID: 16332554</b>	
City State Zip Code Yorktown Heights NY 10598-1129	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation PT	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Barbara Connolly		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address Dept of Physical Therapy 930 Madison Ave #652		<b>Transaction ID:</b> 16332555	
City Memphis State TN Zip Code 38163-0001		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer U of Tennessee Health Science Center Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Olive Whitehead		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address PO Box 37		<b>Transaction ID:</b> 16332558	
City Jackson State AL Zip Code 36545-0037		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Actions Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas DiAngelis		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 5230 Kings Mills Rd		<b>Transaction ID:</b> 16332559	
City Mason State OH Zip Code 45040-2319		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Comprehensive Physical Therapy Center Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Shirley S. Sahrman Mailing Address 1139 Ralph Terrace City State Zip Code Richmond Heights MO 63117-1528 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 <b>Transaction ID:</b> 16490305 Amount of Each Receipt this Period 100.00
Name of Employer Washington University Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Stephen P DeDufour Mailing Address 20 Poor Farm Rd City State Zip Code Pennington NJ 08534-3801 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 <b>Transaction ID:</b> 16490453 Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cathy J. Konkler Mailing Address 2334 Silver Street City State Zip Code Granville OH 43023-9653 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 <b>Transaction ID:</b> 16490457 Amount of Each Receipt this Period 100.00
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) .....	<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Timothy J Knox		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 226 W Jackson Rd		<b>Transaction ID:</b> 16494297	
City State Zip Code Saint Louis MO 63119-3651	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jayne L Snyder		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 2845 South 70th Street		<b>Transaction ID:</b> 16497320	
City State Zip Code Lincoln NE 68506-6821	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Snyder Physical Therapy, PC PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Richard L Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 1805 Bancroft St		<b>Transaction ID:</b> 16497321	
City State Zip Code Missoula MT 59801-5781	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Missoula Physical Therapy Ctr PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert H Rowe		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 1000 Briarcreek Road		<b>Transaction ID:</b> 16497322	
City State Zip Code Jacksonville FL 32225-5310	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MGHHP	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard P Orsini		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 104 Ameron Lane		<b>Transaction ID:</b> 16497323	
City State Zip Code Staten Island NY 10307-1963	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Connie B Miller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address PO Box 6		<b>Transaction ID:</b> 16497325	
City State Zip Code Chelan WA 98816-0006	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Chelan Physical Therapy	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Heather Elaine McCormack</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 4576 Meadow Lakes Lane NW		Transaction ID: 16497326
City State Zip Code Rochester MN 55901-4401	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mayo Clinic	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. James J. Dagostino</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 3809 Plaza Drive Suite 112		Transaction ID: 16497362
City State Zip Code Oceanside CA 92056-4625	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dagostino Physical Therapy, Inc	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Judith Hickes</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 111 Rothsville Station Road		Transaction ID: 16507716
City State Zip Code Lititz PA 17543-8882	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BHB Rehab Services	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 / 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Deborah Givens Heiss		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address Physical Therapy Division 343 W 10th Ave		<b>Transaction ID:</b> 16507719	
City Columbus State OH Zip Code 43210-2205	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Ohio State University Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Boyd Alan Etter		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 2375 Telluride Dr		<b>Transaction ID:</b> 16507725	
City Reno State NV Zip Code 89511-9134	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SOAR PT Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Gayle Garnett		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 235 Cantrell Ave		<b>Transaction ID:</b> 16507727	
City Harrisonburg State VA Zip Code 22801-3248	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rockingham Memorial Hospital Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Alan J Howell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1000 Eversole Road		<b>Transaction ID:</b> 16507731
City State Zip Code Cincinnati OH 45230-3508	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation PT	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Louis Carreon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 100 Porter Rd Suite 197		<b>Transaction ID:</b> 16507733
City State Zip Code Pottstown PA 19464-3240	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation PT	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David A. Pariser		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 5319 Manor Court		<b>Transaction ID:</b> 16507734
City State Zip Code Crestwood KY 40014-8845	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bellarmine University Occupation PT	Aggregate Year-to-Date ▼ 405.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. William D. Bandy		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 822 Cartier Ln		<b>Transaction ID:</b> 16507735
City State Zip Code Little Rock AR 72211-5509	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Central Arkansas	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Margaret M. Grey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 10 Drummond Rd		<b>Transaction ID:</b> 16507737
City State Zip Code Enfield CT 06082-2532	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Grey Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael Shannon O'Kelley		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1519 132nd Street SE Suite A		<b>Transaction ID:</b> 16507741
City State Zip Code Everett WA 98208-7203	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kitsap Physical Therapy Bainbridge Isl	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert Sellin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1635 Grapevine Road		<b>Transaction ID:</b> 16507743
City State Zip Code Harrodsburg KY 40330-9459	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Professional Rehabilitation Associates	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> N. Evita Norman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 11144 Hillsboro Ave N		<b>Transaction ID:</b> 16507744
City State Zip Code Champlin MN 55316-3128	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allina	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Cynthia C. Zada, DPT		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 4 South Meadow Ridge		<b>Transaction ID:</b> 16507748
City State Zip Code Concord MA 01742-3000	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MGHHP	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) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Johanna Hendrina M Janssen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 104 Oakview Drive		Transaction ID: 16507751	
City Elon	State NC	Amount of Each Receipt this Period 150.00	
Zip Code 27244-9360			
FEC ID number of contributing federal political committee. C			
Name of Employer Elon University	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Anne-Marie Sirois		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 10 Tatomuck Road		Transaction ID: 16507752	
City Pound Ridge	State NY	Amount of Each Receipt this Period 25.00	
Zip Code 10576-1429			
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 ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia Wolfe		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 9 Barnside Lane		Transaction ID: 16507753	
City Sandwich	State MA	Amount of Each Receipt this Period 50.00	
Zip Code 02563-2903			
FEC ID number of contributing federal political committee. C			
Name of Employer Cape Cod Health	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) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 44
	<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-PA)

A. Full Name (Last, First, Middle Initial) Ms. Lynda D Brown		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 850 Road 5		Transaction ID: 16507754	
City Powell	State WY	Zip Code 82435-8422	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advantage Rehab	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Mr. Richard L Bettesworth		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 723 N 71st Street		Transaction ID: 16507755	
City Seattle	State WA	Zip Code 98103-5128	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Swedish Medical Center	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Stephen McDavitt		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 49 Spring Street 3rd Floor		Transaction ID: 16507757	
City Scarborough	State ME	Zip Code 04074-8926	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kristin Von Nieda		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 3420 Warden Dr		<b>Transaction ID:</b> 16507759
City Philadelphia	State PA	Zip Code 19129-1418
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Temple University	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.</b> Mrs. Pamela G Unger		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 443 Wentz St		<b>Transaction ID:</b> 16507760
City Kutztown	State PA	Zip Code 19530-1033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Center for Advanced Wound Care	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.</b> Mrs. Eileen Rodri Watkins		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 2400 Runnymede Road		<b>Transaction ID:</b> 16507761
City Wilson	State NC	Zip Code 27896-1350
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dianne Valle Jewell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address VCU Department of Physical Therapy PO Box 980224		Transaction ID: 16507762	
City Richmond      State VA      Zip Code 23298-0224	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Virginia Commonwealth University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PT Aggregate Year-to-Date ▼ 335.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Marilyn Moffat		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 29 Ludlam Lane		Transaction ID: 16507763	
City Locust Valley      State NY      Zip Code 11560-1724	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New York University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PT Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Peter J McMenamin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 55 E Washington St Suite 1320		Transaction ID: 16507764	
City Chicago      State IL      Zip Code 60602-2561	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Physical Therapy Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PT Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 44
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Aimee B. Klein		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 15 Boatswain's Way		<b>Transaction ID:</b> 16507766	
City State Zip Code Chelsea MA 02150-4017	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MGH Institute of Health Professions	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.</b> Dr. Sandra L Abrams		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 433 Hermitage Street		<b>Transaction ID:</b> 16507773	
City State Zip Code Philadelphia PA 19128-3330	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Temple University	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.</b> Ms. Candace A. Bahner		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 24155 Dogwood Rd		<b>Transaction ID:</b> 16507774	
City State Zip Code Belvue KS 66407-9147	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washburn University	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 44
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathleen K. Mairella</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 256 Whitford Avenue		<b>Transaction ID: 16507875</b>	
City State Zip Code Nutley NJ 07110-1820	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 435.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick Anthony Gawenda</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 7913 Creek Bend Drive		<b>Transaction ID: 16507883</b>	
City State Zip Code Ypsilanti MI 48197-6204	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Detroit Medical Center	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Victoria S T Tilley</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 1101 Bartlett Circle		<b>Transaction ID: 16507887</b>	
City State Zip Code Hillsborough NC 27278-6772	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul D. Gaspar		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 748 Lynwood Drive		<b>Transaction ID:</b> 16507924
City State Zip Code Encinitas CA 92024-2389	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gaspar Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William Joseph Cioffredi		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address PO Box 727		<b>Transaction ID:</b> 16590663
City State Zip Code Lebanon NH 03766-0727	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carol-Jo Tichenor		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 11478 Cull Canyon Road		<b>Transaction ID:</b> 16607387
City State Zip Code Castro Valley CA 94552-9525	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 44	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)  
Mr. Rodrigo Gil Moreno De Mora

Mailing Address 1708 Boise Ave

City	State	Zip Code
Loveland	CO	80538-4219

FEC ID number of contributing federal political committee.

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 ▼ <input type="text" value="250.00"/>
---	---

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2006

Transaction ID: 16654693

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="20752.50"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 44	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank	
Mailing Address Old Town Branch King Street	
City Alexandria	State Zip Code VA 22314
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8014.55

Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Transaction ID: 16738972
Amount of Each Receipt this Period 1238.87

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1238.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1238.87



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Friends Of Sherrod Brown

Mailing Address 2280 Kresge Drive  
Suite 800

City Amherst State OH Zip Code 44001

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sherrod Brown

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: OH District:

Transaction ID: 16320790

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Virginia Foxx for Congress

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Virginia Foxx

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: NC District: 5

Transaction ID: 16320791

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Whitehouse 06

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: RI District: 2

Transaction ID: 16320789

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

4000.00

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

10000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 44

<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-PA)

Full Name (Last, First, Middle Initial)

**A.** Walden For Congress Inc

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Gregory Walden

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: OR District: 2

Transaction ID: 16655523

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Sanders For Senate

Mailing Address PO Box 391

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: VT District: 2

Transaction ID: 16655514

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Castor For Congress

Mailing Address PO Box 5419

City Tampa State FL Zip Code 33675

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Katherine Castor

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: FL District: 11

Transaction ID: 16655498

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1500.00

**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)

PAGE 43 / 44

<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-PA)

Full Name (Last, First, Middle Initial)

**A.** Bilirakis For Congress

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Gus Bilirakis

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: FL District: 9

Transaction ID: 16655494

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Case For Senate

Mailing Address 1001 Bishop St  
Asb Tower Suite 2200

City Honolulu State HI Zip Code 96813

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Edward Case

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: HI District: 2

Transaction ID: 16655520

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C.** Gard For Congress

Mailing Address PO Box 277

City Green Bay State WI Zip Code 54305

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. John Gard

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: WI District: 8

Transaction ID: 16655503

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

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

10500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Ray Meier For Congress Committee

Mailing Address PO Box 120

City Utica State NY Zip Code 13503

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Raymond Meier

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Transaction ID: 16655509

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Mike Sodrel

Mailing Address 702 North Shore Drive Suite 500

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael Sodrel

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 9

Transaction ID: 16655522

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

30500.00