

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="497652.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="464710.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34506.23"/>	<input type="text" value="129064.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="499217.14"/>	<input type="text" value="626717.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100139.08"/>	<input type="text" value="227639.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="399078.06"/>	<input type="text" value="399078.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10443.67	56700.33
(ii) Unitemized	24022.44	70243.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34466.11	126943.71
(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)	34466.11	126943.71
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	40.12	121.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34506.23	129064.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34506.23	129064.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	227000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	500.00
29. Other Disbursements	139.08	139.08
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100139.08	227639.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100139.08	227639.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34466.11	126943.71
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34466.11	126443.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr David M. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 908 57th St S
 City Birmingham State AL Zip Code 35212-4022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Alabama at Birmingham Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 58130058
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 58573230
 Amount of Each Receipt this Period
 100.00

C. Ms Margaret Mary Naulty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1622 W Sunnyside Ave
 City Chicago State IL Zip Code 60640-5908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center of Balance, PC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 58573233
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jerry Pumphrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Hickory Park Dr Ste 110
 City State Zip Code
 Glen Allen VA 23059-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prograss Rehabilitation PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : 58573235
 Amount of Each Receipt this Period
 250.00

B. Janice D. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 California St Apt 407
 City State Zip Code
 Denver CO 80202-4275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 58573383
 Amount of Each Receipt this Period
 250.00

C. Timothy Schell
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Nicklaus Ct
 City State Zip Code
 Grove City PA 16127-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 58573384
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs Marcia H. Stalvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8022 Frostline Ct
 City Anchorage State AK Zip Code 99507-6131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edwin Shaw Rehab Institute Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2014
Transaction ID : 58573395
 Amount of Each Receipt this Period 250.00

B. Barney Poole
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Eagles Landing Pkwy
 City Stockbridge State GA Zip Code 30281-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2014
Transaction ID : 58772899
 Amount of Each Receipt this Period 250.00

C. Doreen Frank
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Morgan Rd
 City East Greenbush State NY Zip Code 12061-9601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2014
Transaction ID : 58801983
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Louise D. Yurko		Date of Receipt
Mailing Address 123 Buena Vista Dr		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Newport NC 28570-8119		Transaction ID : 58844967
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Carteret Physical Therapy Associates	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Mr Patrick J. Mahoney		Date of Receipt
Mailing Address 4641 Meadowgreen Dr		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Pittsburgh PA 15236-1846		Transaction ID : 58846642
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer UPMC	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"/>	

Full Name (Last, First, Middle Initial) C. Michael P. Bates		Date of Receipt
Mailing Address 9 Yellow Wood Way		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Beckley WV 25801-7126		Transaction ID : 58846644
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="365.00"/>
Name of Employer Bodyworks	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="365.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1115.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ellen O'Bannon
Full Name (Last, First, Middle Initial)

Mailing Address 901 Whippoorwill Row

City West Palm Beach State FL Zip Code 33411-5232

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

Name of Employer RCCA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 21 / 2014
Transaction ID : 58846648

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6500 Langleigh Way

City Alexandria State VA Zip Code 22315-3454

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 03 / 20 / 2014
Transaction ID : 58847714

Amount of Each Receipt this Period
 41.67

C. Karen Jost
Full Name (Last, First, Middle Initial)

Mailing Address 400 Madison St Apt 805

City Alexandria State VA Zip Code 22314-1747

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 03 / 20 / 2014
Transaction ID : 58847720

Amount of Each Receipt this Period
 42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Justin D Moore
Full Name (Last, First, Middle Initial)
Mailing Address 4819 1st St S
City Arlington State VA Zip Code 22204-1315
FEC ID number of contributing federal political committee. **C**
Name of Employer APTA Occupation PT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.35

Date of Receipt 03 / 20 / 2014
Transaction ID : 58847724
Amount of Each Receipt this Period 41.67

B. Ms Lynda D. Brown
Full Name (Last, First, Middle Initial)
Mailing Address 850 Road 5
City Powell State WY Zip Code 82435-8422
FEC ID number of contributing federal political committee. **C**
Name of Employer Advantage Rehab Occupation PT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 58847773
Amount of Each Receipt this Period 100.00

C. Thomas DiAngelis
Full Name (Last, First, Middle Initial)
Mailing Address 2630 77th Ave SE Unit 307
City Mercer Island State WA Zip Code 98040-4098
FEC ID number of contributing federal political committee. **C**
Name of Employer Comprehensive Physical Therapy Center Occupation PT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58847777
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 241.67
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Zoe Fackelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Parrish St Ste A
 City Canandaigua State NY Zip Code 14424-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Country Physical Therapy & Sports Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 58847779
 Amount of Each Receipt this Period **100.00**

B. Deborah Gulbrandson
 Full Name (Last, First, Middle Initial)
 Mailing Address 429 High Rd
 City Cary State IL Zip Code 60013-2630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cary Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 58847786
 Amount of Each Receipt this Period **100.00**

C. Belinda Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1192
 321 W. Bruce St., Ste. B
 City Seymour State IN Zip Code 47274-3792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : 58847788
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1475 1st Ave Sw

City Jacksonville State AL Zip Code 36265-3337

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

Name of Employer AL Physical Rehab Service Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : 58847793

Amount of Each Receipt this Period
208.33

B. Sandra Lee Norby
Full Name (Last, First, Middle Initial)

Mailing Address 789 Holton Dr
PO Box 921

City Le Mars State IA Zip Code 51031-3757

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

Name of Employer Le Mars Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : 58847796

Amount of Each Receipt this Period
250.00

C. Robert Pair
Full Name (Last, First, Middle Initial)

Mailing Address 1723 27th St

City Bakersfield State CA Zip Code 93301-2807

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

Name of Employer Pair & Marotta Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : 58847799

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	558.33
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ms Angela Wilson Pennisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Sherman Ave
 City Evanston State IL Zip Code 60202-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LakeShore Sports Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 58847803
 Amount of Each Receipt this Period 100.00

B. Dr Brett Alan Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 Wilson St
 City Amherst State WI Zip Code 54406-9040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roberts Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58847806
 Amount of Each Receipt this Period 100.00

C. Ms Kelly Marie Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 3069 Tierra Mesa
 City Atascadero State CA Zip Code 93422-1569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Luis Sports Therapy & Orthopedic R Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58847808
 Amount of Each Receipt this Period 100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cynthia Skiles
 Full Name (Last, First, Middle Initial)
 Mailing Address 3799 Teays Valley Rd
 City Hurricane State WV Zip Code 25526-6964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Teays PT Center Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 58847809
 Amount of Each Receipt this Period **100.00**

B. Drew G. Bossen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4191 Westcott Dr Ne
 City Iowa City State IA Zip Code 52240-7788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Rehab Associates Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 58847815
 Amount of Each Receipt this Period **250.00**

C. Maria V. Gerlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 W End Ave Apt 12e
 City New York State NY Zip Code 10025-8408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 58847819
 Amount of Each Receipt this Period **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Patrick Donovan Graham			Date of Receipt
Mailing Address 6453 Spring Water Dr			<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 58847820
Columbus	GA	31904-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
HPRC	PT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Margot M. Miller			Date of Receipt
Mailing Address 1105 Carlton Ave			<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 58847822
Cloquet	MN	55720-1843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Workwell Systems, Inc.	PT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Neil James Trickett			Date of Receipt
Mailing Address 7419 Wild Senna Ter			<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 58847827
Moseley	VA	23120-1099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
AIM Physical Therapy	PT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

A. Jerre Van Den Bent
 Full Name (Last, First, Middle Initial)
 Mailing Address 3402 Harvard Ave
 City Dallas State TX Zip Code 75205-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Therapy 2000 Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58847889
 Amount of Each Receipt this Period 210.00

B. Jay H. Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1537 Bent River Cir
 City Birmingham State AL Zip Code 35216-5394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HPRC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58847896
 Amount of Each Receipt this Period 100.00

C. Dr Sharon L. Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5730 Marina Bay Dr
 City Shreveport State LA Zip Code 71119-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC-Shreveport Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 58847899
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mr Lee Elliott Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Shaded Brook Dr
 City Owings Mills State MD Zip Code 21117-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lee Miller Rehabilitation Associates Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58848036
 Amount of Each Receipt this Period 250.00

B. Kathleen Jane Hennessey
 Full Name (Last, First, Middle Initial)
 Mailing Address 21514 Cormorant Cove Dr
 City Land O Lakes State FL Zip Code 34637-7523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gateway Wellness & Rehab Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58981076
 Amount of Each Receipt this Period 250.00

C. Mr Robert H. Bowker
 Full Name (Last, First, Middle Initial)
 Mailing Address 8413 Broadacre Dr
 City Sun Valley State CA Zip Code 91352-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Therapeutic Associates Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58981086
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms Heidi Ann Kanealy
Full Name (Last, First, Middle Initial)
Mailing Address 268 Highland Dr Nw
City Cedar Rapids State IA Zip Code 52405-4850
FEC ID number of contributing federal political committee. **C**
Name of Employer Accelerated Rehab Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 58981091
Amount of Each Receipt this Period 250.00

B. Ms Robin L. Schoenfeld
Full Name (Last, First, Middle Initial)
Mailing Address 8221 23rd Ave Ne
City Seattle State WA Zip Code 98115-4527
FEC ID number of contributing federal political committee. **C**
Name of Employer MTI Physical Therapy Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 58981097
Amount of Each Receipt this Period 250.00

C. Dr Nancy B. Reese
Full Name (Last, First, Middle Initial)
Mailing Address PTC Bldg Rm 303
201 N Donaghey Ave
City Conway State AR Zip Code 72035-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Central Arkansas Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 58981163
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Lisa Kristine Saladin		Date of Receipt MM / DD / YYYY 03 / 26 / 2014 Transaction ID : 58981164
Mailing Address 1325 Overcreek Ct		Amount of Each Receipt this Period 100.00
City Mount Pleasant	State SC	Zip Code 29464-9490
FEC ID number of contributing federal political committee. C		
Name of Employer MUSC	Occupation PT	
Receipt For: <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. Ms Jennifer Ann Lesko		Date of Receipt MM / DD / YYYY 03 / 26 / 2014 Transaction ID : 58981172
Mailing Address 702 2nd Ave W Apt 205		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98119-3771
FEC ID number of contributing federal political committee. C		
Name of Employer Therapeutic Associates	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John Hendrickson		Date of Receipt MM / DD / YYYY 03 / 26 / 2014 Transaction ID : 58981176
Mailing Address 8911 N Port Washington Rd		Amount of Each Receipt this Period 100.00
City Milwaukee	State WI	Zip Code 53217-1634
FEC ID number of contributing federal political committee. C		
Name of Employer Sport Clinic	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kathleen K. Mairella
 Full Name (Last, First, Middle Initial)
 Mailing Address 256 Whitford Ave
 City Nutley State NJ Zip Code 07110-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 26 / 2014**
Transaction ID : 58981179
 Amount of Each Receipt this Period **100.00**

B. Dr Jeanine Marie Gunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2630 77th Ave Se Unit 307
 City Mercer Island State WA Zip Code 98040-4098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 26 / 2014**
Transaction ID : 58981180
 Amount of Each Receipt this Period **100.00**

C. Ms Lorena Pettet Payne
 Full Name (Last, First, Middle Initial)
 Mailing Address 7010 Camp Creek Rd
 City Manhattan State MT Zip Code 59741-8343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 26 / 2014**
Transaction ID : 58981284
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **275.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Steven Cassabaum

Mailing Address 25870 Country Club Rd

City Nevada State IA Zip Code 50201-7405

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

Name of Employer 21st Century Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : 58981287

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr James Walter Matheson

Mailing Address 571 Hamilton Ct

City River Falls State WI Zip Code 54022-3126

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

Name of Employer Catalyst Sports Medicine Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : 59003138

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Laura A. McDonough

Mailing Address 9300 Nordic St

City Anchorage State AK Zip Code 99507-6035

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

Name of Employer Providence Imaging Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : 59008949

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Doreen Frank
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Morgan Rd
 City East Greenbush State NY Zip Code 12061-9601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 03 / 31 / 2014
Transaction ID : 59142141
 Amount of Each Receipt this Period 350.00

B. Mr Gregory Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Perry Ln
 City Pittsburgh State PA Zip Code 15229-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Chapel Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : 59172820
 Amount of Each Receipt this Period 500.00

C. Mrs Gail Heather Zitterkopf
 Full Name (Last, First, Middle Initial)
 Mailing Address 5407 Feagan St Unit A
 City Houston State TX Zip Code 77007-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carefree Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2014
Transaction ID : 59172865
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	785.00
TOTAL This Period (last page this line number only).....▶	10443.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CAMPAC

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 58513417

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

Category/
Type

Candidate Name

Kathy Castor

Office Sought: House Senate President
State: FL District: 11

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 58513420

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

Category/
Type

Candidate Name

Diane Black

Office Sought: House Senate President
State: TN District: 06

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 58513422

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ROSKAM PAC

Mailing Address P.O. Box 1011

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement

011

Candidate Name

ROSKAM PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 58513597

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Leadership of Today and Tomorrow

Mailing Address 700 13th Street, NW
Suite 600

City State Zip Code
Washington DC 20002

Purpose of Disbursement

011

Candidate Name

Leadership of Today and Tomorrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 58513598

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Sanford Bishop For Congress

Mailing Address P. O. Box 909

City State Zip Code
Columbus GA 31902

Purpose of Disbursement

011

Candidate Name

Rep. Sanford D. Bishop Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

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

Transaction ID : 58513599

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim Bishop

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement

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

Transaction ID : 58513600

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marsha Blackburn

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

Transaction ID : 58513601

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin Brady

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

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

Transaction ID : 58513602

Amount of Each Disbursement this Period

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

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

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Braley For Iowa

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

Bruce Braley

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513603

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513604

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement

011

Candidate Name

Benjamin Cardin

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513605

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cartwright For Congress

Mailing Address PO Box 1805

City Plains State PA Zip Code 18705

Purpose of Disbursement

011

Candidate Name

Rep. Matthew Cartwright

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513606

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Conyers For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Candidate Name

Rep. John Conyers Jr.

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513608

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Cook For Congress

Mailing Address PO Box 365

City Yucca Valley State CA Zip Code 92286

Purpose of Disbursement

011

Candidate Name

Paul Cook

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513609

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address PO Box 1372

City State Zip Code
Vernon CT 06066

Purpose of Disbursement

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **CONVENTION 2014**

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513611

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City State Zip Code
Baltimore MD 21203

Purpose of Disbursement

011

Candidate Name

Elijah Cummings

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **CONVENTION 2014**

State: MD District: 07

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513616

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City State Zip Code
Taylorville IL 62568

Purpose of Disbursement

011

Candidate Name

Rodney Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **CONVENTION 2014**

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513618

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Defazio For Congress

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement

011

Candidate Name

Peter Defazio

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

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

Transaction ID : 58513620

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Mailing Address PO Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement

011

Candidate Name

Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

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

Transaction ID : 58513623

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

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

Transaction ID : 58513628

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	5	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Enyart For Congress

Mailing Address PO Box 308

City State Zip Code
Belleville IL 62222

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William Enyart

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513630

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Farr

Mailing Address PO Box 122

City State Zip Code
Monterey CA 93942

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sam Farr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513631

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City State Zip Code
Kansas City MO 64108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Samuel Graves

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513632

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hagan For Us Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Kay Hagan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513633

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Dean Heller

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513635

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Higgins For Congress

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Brian M. Higgins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513637

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike Honda For Congress

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

City San Jose State CA Zip Code 95112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Honda

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513640

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Horsford For Congress

Mailing Address 6100 Elton Ave.
Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steven Horsford

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513642

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 58513644

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

Frank Pallone Jr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513646

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People For Pearce

Mailing Address PO Box 2696

City State Zip Code
Hobbs NM 88241

Purpose of Disbursement

011

Candidate Name

Stevan Pearce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513651

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO Box 327

City State Zip Code
Madison WI 53701

Purpose of Disbursement

011

Candidate Name

Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513653

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address PO Box 2032

City State Zip Code
Issaquah WA 98027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David George Reichert

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 58513654

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pat Roberts For Us Senate Inc

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 58513655

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Rounds for Senate

Mailing Address PO Box 250

City State Zip Code
Pierre SD 57501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marion Rounds

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 58513656

Amount of Each Disbursement this Period

3000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dutch Ruppensberger For Congress Committee

Mailing Address 22 W. Padonia Road
Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011

Candidate Name

C.A. Dutch Ruppensberger C.A.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513657

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Candidate Name

Rep. Bobby Lee Rush

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513658

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Candidate Name

Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513659

Amount of Each Disbursement this Period

1500.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

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

Transaction ID : 58513661

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City State Zip Code
Hollidaysburgh PA 16648

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

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

Transaction ID : 58513662

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Titus For Congress

Mailing Address PO Box 72454

City State Zip Code
Las Vegas NV 89170

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dina Titus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

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

Transaction ID : 58513663

Amount of Each Disbursement this Period

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Walden For Congress

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: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513664

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City: Mishawaka State: IN Zip Code: 46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jackie Walorski

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513665

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rob Wittman For Congress

Mailing Address PO Box 999

City: Montross State: VA Zip Code: 22520

Purpose of Disbursement

011

Category/
Type

Candidate Name

Robert Wittman

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513666

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513667

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Boustany for Congress

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Candidate Name

Charles Boustany

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513673

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

Charles Grassley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 58513674

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58979915

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bonamici For Congress

Mailing Address 2236 Se 10th Ave

City Portland State OR Zip Code 97214

Purpose of Disbursement

011

Candidate Name

Suzanne Bonamici Ms.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58979966

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980159

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huffman For Congress 2014

Mailing Address P.O. Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jared Huffman

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 58980296

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Larsen

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 58980297

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Marino

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 58980298

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul Demarco For Congress, Inc

Mailing Address PO Box 59088

City: **Homewood** State: **AL** Zip Code: **35259**

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul Demarco

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: **AL** District: **06**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980309

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City: **Topeka** State: **KS** Zip Code: **66601**

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: **KS** District: **02**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980317

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. John S. Fund

Mailing Address P.O. Box 853

City: **Edwardsville** State: **IL** Zip Code: **62025-0853**

Purpose of Disbursement

011

Category/
Type

Candidate Name

John S. Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980321

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement

011

Candidate Name

Charles Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980322

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Michelle

Mailing Address P.O. Box 25422

City State Zip Code
Albuquerque NM 87125

Purpose of Disbursement

011

Candidate Name

Michelle Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980323

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lizbeth Benacquisto For Congress

Mailing Address 610 S Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement

011

Candidate Name

Lizbeth Benacquisto

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special-Primary2014

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980325

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement

011

Candidate Name

James Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2014

Transaction ID : 58980326

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : 58994465

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3000.00

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

100000.00
