

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2011 through 07 31 2011

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

Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer Electronically Filed by Mr Justin Moore Date 08 16 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		421861.73
(b) Cash on Hand at Beginning of Reporting Period	456903.60	
(c) Total Receipts (from Line 19)	37915.53	368628.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	494819.13	790490.49
7. Total Disbursements (from Line 31)	26000.00	321671.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	468819.13	468819.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19591.11	165578.14
(ii) Unitemized	18241.48	200360.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37832.59	365938.69
(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)	37832.59	365938.69
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.)	82.94	690.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37915.53	368628.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37915.53	368628.76

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	26000.00	321100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	140.00
(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	140.00
29. Other Disbursements.....	0.00	431.36
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26000.00	321671.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	321671.36

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)	37832.59	365938.69
34. Total Contribution Refunds (from Line 28(d))	0.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37832.59	365798.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Susan C. Abis

Mailing Address 13 Waterview Dr

City State Zip Code
Amherst NH 03031-2109

FEC ID number of contributing federal political committee. C

Name of Employer Concentra Medical Centers Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 07 / 2011

Transaction ID: 40782599

Amount of Each Receipt this Period
125.00

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

Mailing Address 901 Whipoorwill Row

City State Zip Code
West Palm Beach FL 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 ▼
500.00

Date of Receipt
07 / 07 / 2011

Transaction ID: 40782610

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Cynthia C. Zadai

Mailing Address 4 S Meadow Rdg

City State Zip Code
Concord MA 01742-3000

FEC ID number of contributing federal political committee. C

Name of Employer MGHHP Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 07 / 2011

Transaction ID: 40782612

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 475.00

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 7 / 39
(check only one)

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

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

A.

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

Mailing Address 130 N Garland Ct Apt 3805

City State Zip Code
Chicago IL 60602-4836

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northwestern University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 07 / 2011

Transaction ID: 40782613

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms Lynda D. Brown

Mailing Address 850 Road 5

City State Zip Code
Powell WY 82435-8422

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Advantage Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2011

Transaction ID: 40782614

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Ms Beth Whitehead

Mailing Address PO Box 37

City State Zip Code
Jackson AL 36545-0037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Health Actions PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 07 / 07 / 2011

Transaction ID: 40782616

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Pamela White

Mailing Address 1695 Peach Ave

City State Zip Code
Memphis TN 38112-5215

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
07 / 08 / 2011

Transaction ID: 40961301

Amount of Each Receipt this Period
50.00

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

Mailing Address Box 52 UTMC
1924 Alcoa Hwy

City State Zip Code
Knoxville TN 37901-0052

FEC ID number of contributing federal political committee. C

Name of Employer University of Tennessee Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
07 / 08 / 2011

Transaction ID: 40961302

Amount of Each Receipt this Period
45.00

C. Full Name (Last, First, Middle Initial)
Mr Shiu-Bong L Ho

Mailing Address 18425 Burbank Blvd Ste 413

City State Zip Code
Tarzana CA 91356-6677

FEC ID number of contributing federal political committee. C

Name of Employer Ho Rehabilitation Center, Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 08 / 2011

Transaction ID: 40961304

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 595.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 39
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John D. Barnes

Mailing Address 1005 Hardee Place

City State Zip Code
Alexandria VA 22304-1719

FEC ID number of contributing federal political committee. C

Name of Employer American Physical Therapy Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
07 / 08 / 2011

Transaction ID: 40961330

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City State Zip Code
Fairfax VA 22032-1913

FEC ID number of contributing federal political committee. C

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
07 / 08 / 2011

Transaction ID: 40961337

Amount of Each Receipt this Period
20.00

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

Mailing Address 6500 Langleigh Way

City State Zip Code
Alexandria VA 22315-3454

FEC ID number of contributing federal political committee. C

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
07 / 08 / 2011

Transaction ID: 40961339

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) 105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City Herndon State VA Zip Code 20171-1828

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 ▼ 319.75

Date of Receipt 07 / 08 / 2011
Transaction ID: 40961340
 Amount of Each Receipt this Period 22.75

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

Mailing Address 400 Madison Street Unit 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 ▼ 520.00

Date of Receipt 07 / 08 / 2011
Transaction ID: 40961341
 Amount of Each Receipt this Period 40.00

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

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 ▼ 500.11

Date of Receipt 07 / 08 / 2011
Transaction ID: 40961342
 Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► 101.22

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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr Charles Felder		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
	Mailing Address PO Box 2706		Transaction ID: 40961364
	City Lake Arrowhead	State CA	Zip Code 92352-2706
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer HCS Consulting	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr Andrew J. Kerk		Date of Receipt MM / DD / YYYY 07 / 11 / 2011
	Mailing Address 1122 Forseth Dr		Transaction ID: 40970602
	City Hartland	State WI	Zip Code 53029-2279
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Body Mechanics	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Floyd Verl Courtney		Date of Receipt MM / DD / YYYY 07 / 11 / 2011
	Mailing Address 23047 Wilcox Rd		Transaction ID: 40970626
	City Harlingen	State TX	Zip Code 78552-2406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	1375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Ralph Victor Vanderlinde

Mailing Address 37 Lancaster Rd

City State Zip Code
Boynnton Beach FL 33426-8431

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

Name of Employer Vanderlinde Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40970650

Amount of Each Receipt this Period
250.00

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

Mailing Address 241 Parrish St Ste A

City State Zip Code
Canandaigua NY 14424-1727

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

Name of Employer Lake Country Physical Therapy & Sports
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40972668

Amount of Each Receipt this Period
100.00

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

Mailing Address 5400 Kennedy Ave

City State Zip Code
Cincinnati OH 45213-2664

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40972736

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Belinda Hays		Date of Receipt
	Mailing Address PO Box 1192 321 W. Bruce St., Ste. B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2011
	City	State	Zip Code
	Seymour	IN	47274-3792
	FEC ID number of contributing federal political committee. C		Transaction ID: 40972752
Name of Employer Progressive Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 1750.00	

B.	Full Name (Last, First, Middle Initial) Anne W Thompson		Date of Receipt
	Mailing Address 124 Cherryfield Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2011
	City	State	Zip Code
	Savannah	GA	31419-9095
	FEC ID number of contributing federal political committee. C		Transaction ID: 40972788
Name of Employer Armstrong State University		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 291.69	

C.	Full Name (Last, First, Middle Initial) Richard L Bettesworth		Date of Receipt
	Mailing Address 723 N 71st St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2011
	City	State	Zip Code
	Seattle	WA	98103-5128
	FEC ID number of contributing federal political committee. C		Transaction ID: 40972798
Name of Employer Swedish Medical Center		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	341.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 39
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Julie Lee Rosen

Mailing Address 445 Park Ave

City State Zip Code
Glencoe IL 60022-1527

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

Name of Employer Sava Senior Care Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40972863

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address PTC Bldg Rm 303
201 N Donaghey Ave

City State Zip Code
Conway AR 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 ▼
600.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40972873

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Barney Poole

Mailing Address 917 Eagles Landing Pkwy

City State Zip Code
Stockbridge GA 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 ▼
535.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40972994

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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

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

Mailing Address 930 Marengo St

City State Zip Code
New Orleans LA 70115-2753

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973092

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Kathleen K. Mairella

Mailing Address 256 Whitford Ave

City State Zip Code
Nutley NJ 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 ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973650

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms Jane S. Baldwin

Mailing Address 12 9th St Apt 603

City State Zip Code
Medford MA 02155-5165

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

Name of Employer Health Partners Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973652

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 39
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Bob Rowe

Mailing Address 10993 Raley Creek Dr S

City State Zip Code
Jacksonville FL 32225-2324

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

Name of Employer Occupation
Brooks Rehabilitation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973658

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 702 2nd Ave W Apt 205

City State Zip Code
Seattle WA 98119-3771

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

Name of Employer Occupation
Therapeutic Associates PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973659

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
David W. Perry

Mailing Address 2065 Van Antwerp St

City State Zip Code
Grosse Pointe Wood MI 48236-1622

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

Name of Employer Occupation
Baker College of Allen Park PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973675

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 17 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elmer Platz

Mailing Address 418 Route 515

City State Zip Code
Vernon NJ 07462-3027

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 ▼
235.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973701

Amount of Each Receipt this Period
100.00

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

Mailing Address 15 Boatswains Way

City State Zip Code
Chelsea MA 02150-4017

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

Name of Employer Occupation
MGH Institute of Health Professions PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973703

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Rick Anthony Gawenda

Mailing Address 7913 Creek Bend Dr

City State Zip Code
Ypsilanti MI 48197-6204

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

Name of Employer Occupation
Detroit Medical Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 40973723

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Kristin Von Nieda		Date of Receipt MM / DD / YYYY 07 / 14 / 2011		
	Mailing Address 3420 Warden Dr		Transaction ID: 40973726		
	City Philadelphia	State PA	Zip Code 19129-1418	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Temple University	Occupation PT	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dennis P. Langton		Date of Receipt MM / DD / YYYY 07 / 14 / 2011		
	Mailing Address 727 Live Oak Dr		Transaction ID: 40973732		
	City El Cajon	State CA	Zip Code 92020-5633	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer E&L and Assocaites Physic- al Therapy	Occupation PT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Steven Cassabaum		Date of Receipt MM / DD / YYYY 07 / 14 / 2011		
	Mailing Address 62944 Sunset Dr		Transaction ID: 40974230		
	City Nevada	State IA	Zip Code 50201-7947	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer 21st Century Rehab	Occupation PT	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Robert Williams		Date of Receipt
	Mailing Address 129 Rancho Corralitos Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2011
	City	State	Zip Code
	Corralitos	CA	95076-1139
	FEC ID number of contributing federal political committee. C		Transaction ID: 40974963
Name of Employer Good Samaritan Hospital		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 285.00	

B.	Full Name (Last, First, Middle Initial) Jana L. Israel		Date of Receipt
	Mailing Address 3401 Webberville Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2011
	City	State	Zip Code
	Austin	TX	78702-3004
	FEC ID number of contributing federal political committee. C		Transaction ID: 41100769
Name of Employer Austin Community College		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Brett Alan Tice		Date of Receipt
	Mailing Address 15171 Kelly Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2011
	City	State	Zip Code
	Harlingen	TX	78552-6738
	FEC ID number of contributing federal political committee. C		Transaction ID: 41105483
Name of Employer Back to Action		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1375.00
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: PAGE 20 / 39
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jonathan Douglas Wayne Reagan

Mailing Address PO Box 91

City Lebanon State MO Zip Code 65536-0091

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

Name of Employer Reagan Rehabilitation Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 21 / 2011
Transaction ID: 41105512
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr Cortland Jon Reger

Mailing Address 3130 Spinnaker Dr

City Anchorage State AK Zip Code 99516-3419

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

Name of Employer Reger Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 21 / 2011
Transaction ID: 41105513
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mary C Sinnott

Mailing Address 66 E Plumstead Ave

City Lansdowne State PA Zip Code 19050-1432

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

Name of Employer Temple University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 15 / 2011
Transaction ID: 41105675
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 39
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shawne E. Soper

Mailing Address 512 Diane Ln

City Richmond State VA Zip Code 23227-1539

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

Name of Employer Sheltering Arms Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2011
Transaction ID: 41105690
 Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
William Franklin McGehee

Mailing Address 306 Circuit Ct

City East Peoria State IL Zip Code 61611-1433

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

Name of Employer Bradley University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2011
Transaction ID: 41105693
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Connie Hauser

Mailing Address 235 S Main St

City Barbourville State KY Zip Code 40906-1117

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

Name of Employer Kentucky Physical Therapy & Rehab, Inc Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 15 / 2011
Transaction ID: 41105695
 Amount of Each Receipt this Period 2500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 39
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr Michael Joseph Horsfield

Mailing Address 27220 205th Ave

City State Zip Code
Eldridge IA 52748-9474

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

Name of Employer
Rock Valley Physical Therapy

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2011

Transaction ID: 41132400

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Vicki Buchanan

Mailing Address 9309 E Reno Ave

City State Zip Code
Oklahoma City OK 73130-3321

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

Name of Employer
Regional Physical Therapy

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2011

Transaction ID: 41148697

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr Jay Underhill

Mailing Address 2208 Via La Brea

City State Zip Code
Palos Verdes Estat CA 90274-1657

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

Name of Employer
Self-Employed

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2011

Transaction ID: 41148711

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Victoria S T Tilley

Mailing Address 1101 Bartlett Cir

City Hillsborough State NC Zip Code 27278-6772

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2011

Transaction ID: 41148771

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Sheila K. Nicholson

Mailing Address 6143 Whimbrelwood Dr

City Lithia State FL Zip Code 33547-4101

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 ▼ 700.00

Date of Receipt 07 / 21 / 2011

Transaction ID: 41148840

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr David A. Pariser

Mailing Address 5319 Manor Ct

City Crestwood State KY Zip Code 40014-8845

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

Name of Employer Bellarmine University Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 21 / 2011

Transaction ID: 41148841

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 260.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4191 Westcott Dr Ne

City Iowa City State IA Zip Code 52240-7788

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

Name of Employer Progressive Rehab Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 07 / 21 / 2011
Transaction ID: 41148842
 Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mr Arthur Clarence Bronsord

Mailing Address 16917 Ketocin Church Rd

City Purcellville State VA Zip Code 20132-3542

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

Name of Employer State of the Art Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 21 / 2011
Transaction ID: 41148844
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Dr Barbara Connolly

Mailing Address 10556 Graybourne Dr

City Eads State TN Zip Code 38028-9808

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

Name of Employer Retired Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2011
Transaction ID: 41148854
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 475.00

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 25 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 13416 Nw 97th Street

City State Zip Code
Redmond WA 98052

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 ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: 41148856

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms Angela Wilson Pennisi

Mailing Address 901 Hinman Ave Apt 2f

City State Zip Code
Evanston IL 60202-1820

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 ▼
469.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: 41148858

Amount of Each Receipt this Period
67.00

C.

Full Name (Last, First, Middle Initial)
Ms Beth McKittrick-Bandy

Mailing Address 822 Cartier Ln

City State Zip Code
Little Rock AR 72211-5509

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

Name of Employer Arkansas Children's Hospital Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: 41148910

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **217.00**

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 26 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Chad M Novasic		Date of Receipt
	Mailing Address 1300 S Green Bay Rd Ste 205		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2011
	City	State	Zip Code
	Racine	WI	53406-4469
	FEC ID number of contributing federal political committee. C		Transaction ID: 41148913
Name of Employer P.T. Plus		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

B.	Full Name (Last, First, Middle Initial) Mr Alan B. Crothers		Date of Receipt
	Mailing Address 2388 W Cogburn St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2011
	City	State	Zip Code
	Meridian	ID	83642-7174
	FEC ID number of contributing federal political committee. C		Transaction ID: 41148914
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Mary Pat Corrigan Jobes		Date of Receipt
	Mailing Address 977 Giaroli St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2011
	City	State	Zip Code
	Memphis	TN	38122-1934
	FEC ID number of contributing federal political committee. C		Transaction ID: 41148915
Name of Employer Methodist Health		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
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 27 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Timothy Schell		Date of Receipt
	Mailing Address 408 Taas Trl		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Mercer	PA	16137-9350
	FEC ID number of contributing federal political committee. C		Transaction ID: 41148917
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Katy C. Baker		Date of Receipt
	Mailing Address 371 Noah Dr Ste 102		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Jasper	GA	30143-8708
	FEC ID number of contributing federal political committee. C		Transaction ID: 41148922
Name of Employer New Beginning Therapeutic Services		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) Dr Lisa Kristine Saladin		Date of Receipt
	Mailing Address 1325 Overcreek Ct		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Mount Pleasant	SC	29464-9490
	FEC ID number of contributing federal political committee. C		Transaction ID: 41148923
Name of Employer MUSC		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="650.00"/>
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: PAGE 28 / 39
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ms Mary Edna Harrell

Mailing Address 727 Castro St

City San Francisco State CA Zip Code 94114-2826

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

Name of Employer Kaiser Permanente Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2011
Transaction ID: 41155833
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 8337 Mitchell Mill Rd

City Ooltewah State TN Zip Code 37363-8837

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

Name of Employer University of Tennessee Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 21 / 2011
Transaction ID: 41158203
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
John D. Barnes

Mailing Address 1005 Hardee Place

City Alexandria State VA Zip Code 22304-1719

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

Name of Employer American Physical Therapy Association Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 21 / 2011
Transaction ID: 41159746
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► **790.00**

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 29 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City State Zip Code
Fairfax VA 22032-1913

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: 41159749

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mary Jane Harris

Mailing Address 6500 Langleigh Way

City State Zip Code
Alexandria VA 22315-3454

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 505.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: 41159751

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City State Zip Code
Herndon VA 20171-1828

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: 41159752

Amount of Each Receipt this Period

22.75

SUBTOTAL of Receipts This Page (optional)

87.75

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 30 / 39
(check only one)

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

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

A.

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

Mailing Address 400 Madison Street
Unit 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 ▼
560.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: 41159753

Amount of Each Receipt this Period
40.00

B.

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

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 ▼
538.58

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: 41159754

Amount of Each Receipt this Period
38.47

C.

Full Name (Last, First, Middle Initial)
Stacy Dale Russell

Mailing Address 1713 Bledsoe Dr

City Bellbrook State OH Zip Code 45305-1314

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: 41169781

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **278.47**

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 31 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Glenn E Dodge

Mailing Address 33648 Apple Valley Rd

City State Zip Code
Parma ID 83660-6404

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 ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: 41176066

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Dr Erin Hytrek

Mailing Address 767 Robert Dr

City State Zip Code
Merville IA 51039-7536

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

Name of Employer Advanced PT for Women Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	1

Transaction ID: 41178311

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Kevin Sweeney

Mailing Address 180 N Gallatin Ave

City State Zip Code
Uniontown PA 15401-2969

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

Name of Employer Sweeney Rehab & Fitness Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: 41178319

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **790.00**

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 32 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Wilkins Feliciano

Mailing Address PO Box 1381

City State Zip Code
Aguada PR 00602-1381

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: 41178323

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Nancy E. Byl

Mailing Address 12961 Skyline Blvd

City State Zip Code
Oakland CA 94619-3533

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

Name of Employer University of California-San Francisco Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 41179452

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jana L. Israel

Mailing Address 3401 Webberville Rd

City State Zip Code
Austin TX 78702-3004

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

Name of Employer Austin Community College Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	1

Transaction ID: 41179830

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Ms Joan Iris Jacobs		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 656 W213th St		Transaction ID: 41179831
City Gardena	State CA	Zip Code 90247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Pediatric Therapy Network	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

B.

Full Name (Last, First, Middle Initial) Mr Joseph M. Eschman		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
Mailing Address 2581 North Rd Ne Ste A		Transaction ID: 41492073
City Warren	State OH	Zip Code 44483-3052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eschman Physical Therapy, LLC	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	325.00
TOTAL This Period (last page this line number only)	19591.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 39	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
Mailing Address Old Town Branch King Street		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 41495216
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="82.94"/>
Aggregate Year-to-Date ▼ <input type="text" value="690.07"/>		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="82.94"/>
TOTAL This Period (last page this line number only)	<input type="text" value="82.94"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc <hr/> Mailing Address PO Box 1536 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Tim Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	Transaction ID: 41153305 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Orrin Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	Transaction ID: 41153306 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
C.	Full Name (Last, First, Middle Initial) Cicilline Committee <hr/> Mailing Address 118 N Main St, Suite 2 <hr/> City Providence State RI Zip Code 02903 <hr/> Purpose of Disbursement 011 Candidate Name Rep. David Cicilline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 01	Transaction ID: 41153357 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen	Transaction ID: 41153358 Date of Disbursement 07 / 21 / 2011
	Mailing Address P.O. Box 44369 250 Prairie Center Drive	Amount of Each Disbursement this Period 1000.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Erik Paulsen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Defazio For Congress	Transaction ID: 41153360 Date of Disbursement 07 / 21 / 2011
	Mailing Address PO Box 1316	Amount of Each Disbursement this Period 1000.00
	City Springfield State OR Zip Code 97477	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Peter Defazio	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Bill Shuster For Congress	Transaction ID: 41153361 Date of Disbursement 07 / 21 / 2011
	Mailing Address PO Box 27	Amount of Each Disbursement this Period 1000.00
	City Hollidaysburg State PA Zip Code 16648	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. William Shuster	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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-PA)

A.	Full Name (Last, First, Middle Initial) Friends Of Farr Mailing Address 555 Capitol Mall, Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement 011 Candidate Name Mr. Sam Farr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17	Transaction ID: 41153362 Date of Disbursement 07 / 21 / 2011 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Bob Casey For Senate Inc Mailing Address 700 13th Street Nw Suite 600 City Washington State DC Zip Code 20005 Purpose of Disbursement 011 Candidate Name Sen. Robert Casey, Jr. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Transaction ID: 41153363 Date of Disbursement 07 / 21 / 2011 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Advance Arkansas PAC Mailing Address P.O. Box 344 City Prescott State AR Zip Code 71857 Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 41153364 Date of Disbursement 07 / 21 / 2011 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) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
John S. Fund

Mailing Address c/o 3 Dog Consulting

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 41153365

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Keystone PAC

Mailing Address P.O. Box 29

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 41153417

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)
TENN PAC

Mailing Address 101 Constitution Avenue NW
Suite 800 West

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 41153420

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Karen Bass For Congress	Transaction ID: 41153421 Date of Disbursement 07 / 21 / 2011
	Mailing Address 777 S. Figueroa Street Suite 4050	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ms. Karen Bass	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Pascrell For Congress	Transaction ID: 41153422 Date of Disbursement 07 / 21 / 2011
	Mailing Address P.O. Box 640	Amount of Each Disbursement this Period 500.00
	City Totowa State NJ Zip Code 07511	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. William J. Pascrell, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Gerlach for Congress	Transaction ID: 41159649 Date of Disbursement 07 / 21 / 2011
	Mailing Address 700 12th Street, NW Suite 700	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name James Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

26000.00