

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

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

ADDRESS (number and street)

3030 Potomac Avenue, Suite 100

☐(Check if address
is changed)

Alexandria

CITY ▲

VA

STATE ▲

22305

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

MichaelMatlack@APTA.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

ptpac.apta.org

2. DATE

MM / DD / YYYY
08 / 14 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00012880

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

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

Type or Print Name of Treasurer Keen, David, , Mr,

Signature of Treasurer Keen, David, , Mr,

Date

MM / DD / YYYY
08 / 14 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☒

Membership Organization

☐

Trade Association

☐

Cooperative

☒

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C

C

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Physical Therapy Association

Mailing Address

3030 Potomac Avenue, Suite 100

Alexandria

VA

22305

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☒ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Matlack, Michael, , ,

Mailing Address

3030 Potomac Avenue, Suite 100

Alexandria

VA

22305

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Associate Director o

Telephone number

703

706

3163

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Keen, David, , Mr,

Mailing Address

3030 Potomac Avenue, Suite 100

Alexandria

VA

22305

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Chief Financial Offi

Telephone number

703

706

3131

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank, N.A.

Mailing Address

P.O. Box 63020

San Francisco

CA

94163

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

First National Bank

Mailing Address

4140 E. State Street

Hermitage

PA

16148

CITY ▲

STATE ▲

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Adding new bank account with different bank.

Form/Schedule:

Transaction ID: