

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

ADDRESS (number and street) 1111 North Fairfax St. Alexandria VA 22314

Check if different than previously reported. (ACC)

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

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

5. Covering Period 11 / 01 / 2017 through 11 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Moore, Justin, , Mr, Type or Print Name of Treasurer

Signature of Treasurer Moore, Justin, , Mr, [Electronically Filed] Date 12 / 19 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/> | | 454701.79 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 491497.47 | |
| (c) Total Receipts (from Line 19) | 96565.53 | 534227.61 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 588063.00 | 988929.40 |
| 7. Total Disbursements (from Line 31)..... | 30500.00 | 431366.40 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 557563.00 | 557563.00 |
| 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-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)..... | 68447.65 | 272484.65 |
| (ii) Unitemized | 28028.27 | 260917.73 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 96475.92 | 533402.38 |
| (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) | 96475.92 | 533402.38 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 89.61 | 825.23 |
| 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)).....▶ | 96565.53 | 534227.61 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 96565.53 | 534227.61 |

DETAILED SUMMARY PAGE
of Disbursements

| 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..... | 30500.00 | 429500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 | 600.00 |
| (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 | 600.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 1266.40 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 30500.00 | 431366.40 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 30500.00 | 431366.40 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

| 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) | 96475.92 | 533402.38 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 600.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 96475.92 | 532802.38 |
| 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 96 |
| <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. Herr, Roger, Allan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 West 25th Street
2R

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10001-7413 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) OCS Home Care | Occupation (for Individual) 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 |
| 11 | / | 06 | / | 2017 |

Transaction ID : 76690899

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gorman, Michael, Justin, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2018 Long Gate Ct

| | | |
|----------------------|-------------|------------------------|
| City Chesterfield | State MO | Zip Code 63017-7415 |
|----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) St. Louis Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
741.67

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2017 |

Transaction ID : 76690901

Amount of Each Receipt this Period
41.67

Memo Item

C. Sanderson, Amy, Christiaens, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2619 Wheaton St

| | | |
|----------------|-------------|------------------------|
| City Cheney | State WA | Zip Code 99004-2186 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Apex Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 08 | / | 2017 |

Transaction ID : 76690903

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1541.67 |
| 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 7 OF 96 |
| | <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. Gough, Steven, T., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Forest Hills Rd

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15221-3709 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Allegheny Chesapeake PT | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 08 | | 2017 |

Transaction ID : 76690904

Amount of Each Receipt this Period
2500.00

Memo Item

B. Brown, Lynda, D., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Advantage Rehab | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 08 | | 2017 |

Transaction ID : 76690950

Amount of Each Receipt this Period
1000.00

Memo Item

C. Roubal, Paul, Joseph, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3476 Fox Woods Ct

| | | |
|----------------------|-------------|------------------------|
| City W Bloomfield | State MI | Zip Code 48324-3265 |
|----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) PT Specialists | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 08 | | 2017 |

Transaction ID : 76690951

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| 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: (check only one) | PAGE 8 OF 96 |
| | <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. Johnson, Holly, L., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Fern St

| | | |
|----------------|-------------|------------------------|
| City Harlan | State KY | Zip Code 40831-3542 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Harlan PT Clinic | Occupation (for Individual) 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 |
| 11 | / | 06 | / | 2017 |

Transaction ID : 76690953

Amount of Each Receipt this Period
250.00

Memo Item

B. Griffin, Genevieve, Ellen, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18382 Fairway Oaks Sq

| | | |
|------------------|-------------|------------------------|
| City Leesburg | State VA | Zip Code 20176-8460 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Loudon Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 05 | / | 2017 |

Transaction ID : 76696365

Amount of Each Receipt this Period
250.00

Memo Item

C. Somers, Amanda, Tieder, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 W Arlington Ave

| | | |
|---------------|-------------|------------------------|
| City Greer | State SC | Zip Code 29650-1509 |
|---------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Sports Spine & Industrial, Inc. | Occupation (for Individual) 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 |
| 11 | / | 07 | / | 2017 |

Transaction ID : 76696383

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| 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 96 |
| <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. Connell, Catherine, Elizabeth, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Hollis Ln

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State NC | Zip Code 28409-3612 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Bodies in Balance Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2017 |

Transaction ID : 76696393

Amount of Each Receipt this Period
500.00

Memo Item

B. Zumbro, Michelle, DuPree, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 Forest Hills Dr

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State NC | Zip Code 28403-2510 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2017 |

Transaction ID : 76696394

Amount of Each Receipt this Period
500.00

Memo Item

C. Blasingame, Keith, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3322 Waters Edge Dr

| | | |
|----------------|-------------|------------------------|
| City Manvel | State TX | Zip Code 77578-7806 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) ProActive Physical Therapy Centers | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2017 |

Transaction ID : 76696442

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| 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: (check only one) | PAGE 10 OF 96 |
| <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. Worth, Robert, Peter, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 E Canvasback Ln

| | | |
|------------------|-------------|------------------------|
| City Appleton | State WI | Zip Code 54913-8010 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Advanced Physical Therapy & Sports Med | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696570

Amount of Each Receipt this Period
250.00

Memo Item

B. Akers, Glen, R., Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 645 NE 26th St

| | | |
|-----------------|-------------|------------------------|
| City Gresham | State OR | Zip Code 97030-7715 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) ProActive Orthopedic & Sports PT | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696577

Amount of Each Receipt this Period
500.00

Memo Item

C. Mackell, Lisa, M., Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 617 Golf Club Rd

| | | |
|------------------------|-------------|------------------------|
| City Newtown Square | State PA | Zip Code 19073-1415 |
|------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) c/o Therapy Inc. | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696581

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| 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: (check only one) | PAGE 11 OF 96 |
| | <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)

| | | |
|---|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gillette, Dennis, , , | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2017 Transaction ID : 76696584 |
| Mailing Address 832 Alturas Dr N | | Amount of Each Receipt this Period 250.00 |
| City Twin Falls | State ID WA | Zip Code 83301-4203 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Center of Physical Rehab | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gunn, Jeanine, Marie, Dr, | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2017 Transaction ID : 76696586 |
| Mailing Address 6003 Hazelwood Ln Se | | Amount of Each Receipt this Period 100.00 |
| City Bellevue | State WA | Zip Code 98006-2615 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McDonald, Francis, Joseph, Dr, | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2017 Transaction ID : 76696682 |
| Mailing Address 51364 Lake Pointe Ct | | Amount of Each Receipt this Period 5000.00 |
| City Granger | State IN | Zip Code 46530-9696 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) McDonald Physical Therapy | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 96 |
| | <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)

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Halfhill, Renee, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2017 Transaction ID : 76696683 | | |
| Mailing Address 3987 Fox Haven Dr | | | Amount of Each Receipt this Period 1000.00 | | |
| City Canfield | State OH | Zip Code 44406-9341 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 1000.00 | | |
| Name of Employer (for Individual) Blue Sky Therapy | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|--|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roberts, Brett, Alan, Dr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2017 Transaction ID : 76696684 | | |
| Mailing Address 196 Wilson St | | | Amount of Each Receipt this Period 100.00 | | |
| City Amherst | State WI | Zip Code 54406-9040 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 800.00 | | |
| Name of Employer (for Individual) Roberts Therapy | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Peterson, Thomas, Matthew, , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2017 Transaction ID : 76696688 | | |
| Mailing Address 1521 Northway Dr STE 116 | | | Amount of Each Receipt this Period 250.00 | | |
| City Saint Cloud | State MN | Zip Code 56303-1274 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 1000.00 | | |
| Name of Employer (for Individual) Kinesis Physical Therapy Inc | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1350.00 |
| 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 96 |
| <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. Riley, Michael, Robert, , Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4905 Barnwood Ln

| | | |
|-------------------|-------------|------------------------|
| City Millstadt | State IL | Zip Code 62260-2173 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Professional Therapy Services, Inc. | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696689

Amount of Each Receipt this Period
1000.00

Memo Item

B. Pair, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2603 G St

| | | |
|---------------------|-------------|------------------------|
| City Bakersfield | State CA | Zip Code 93301-2828 |
|---------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Pair & Marotta Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696691

Amount of Each Receipt this Period
1000.00

Memo Item

C. Pfister, William, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4724 Old Stump Dr Nw

| | | |
|--------------------|-------------|------------------------|
| City Gig Harbor | State WA | Zip Code 98332-8851 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Meridian Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696694

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 96 |
| | <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. Qualls, David, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 704 1st Ave

| | | |
|-----------------|-------------|------------------------|
| City Sulphur | State LA | Zip Code 70663-3423 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696696

Amount of Each Receipt this Period
1000.00

Memo Item

B. Connolly, Jerome, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6036 Franklin Park Rd

| | | |
|-----------------|-------------|------------------------|
| City Mc Lean | State VA | Zip Code 22101-4211 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696705

Amount of Each Receipt this Period
1000.00

Memo Item

C. Brown, Terence, Carlisle, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 936 Walnut Rd

| | | |
|-------------------|-------------|------------------------|
| City Frankfort | State KY | Zip Code 40601-8629 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) 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 |
| 11 | / | 03 | / | 2017 |

Transaction ID : 76696706

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 96 |
| | <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. Oxley, Sally, Bryant, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Washington Blvd
 City Huntington State WV Zip Code 25701-5319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Huntington Physical Therapy 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
 11 / 03 / 2017
Transaction ID : 76696711
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Sanders, Kelly, Marie, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 San Luis Sports Therapy & Orthopedic R PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : 76696712
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Zimmerman, Jeffrey, J., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3405 S 117th St
 City Omaha State NE Zip Code 68144-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Specialized Physical Therapy PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76696721
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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 96 |
| <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. Kaufman, Lorin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8168 State Highway 789
 City Lander State WY Zip Code 82520-2953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fremont Therapy Group Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76696722
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Lewis, William, Samuel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 York Ave
 City Lubbock State TX Zip Code 79416-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Today Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76696727
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rettke, Craig, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Hills Creek Dr
 City Mc Kinney State TX Zip Code 75070-5232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vista Rehab Partners Occupation (for Individual) 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
 11 / 02 / 2017
Transaction ID : 76696728
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 810.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 96 |
| <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. Reed, Christopher, Michael, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3388 Cardin Ave

| | | |
|------------------|-------------|------------------------|
| City San Jose | State CA | Zip Code 95118-1305 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Agile Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696729

Amount of Each Receipt this Period
400.00

Memo Item

B. Olson, Kristian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1749 Venus Ave

| | | |
|---------------------|-------------|------------------------|
| City Arden Hills | State MN | Zip Code 55112-2852 |
|---------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) MotionCare | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696731

Amount of Each Receipt this Period
500.00

Memo Item

C. Douglas, Megan, C., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1617 Fairhaven Ave

| | | |
|--------------------|-------------|------------------------|
| City Bellingham | State WA | Zip Code 98229-9380 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Northwest Physical Therapy and Sports | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696732

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1400.00 |
| 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 96 |
| | <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)

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gifford, Todd, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2017 Transaction ID : 76696734 | | |
| Mailing Address 5665 Sw Omaha Ct | | | Amount of Each Receipt this Period 500.00 | | |
| City Tualatin | State OR | Zip Code 97062-7737 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 500.00 | | |
| Name of Employer (for Individual) Therapeutic Associates | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilkinson, Holly, Sue, Ms, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2017 Transaction ID : 76696735 | | |
| Mailing Address 4112 Warren St | | | Amount of Each Receipt this Period 250.00 | | |
| City Davenport | State IA | Zip Code 52806-4335 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 250.00 | | |
| Name of Employer (for Individual) Rock Valley Physical Therapy | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|--|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Boldt, Randy, Evan, Mr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2017 Transaction ID : 76696736 | | |
| Mailing Address 6335 Fairhaven Rd | | | Amount of Each Receipt this Period 250.00 | | |
| City Davenport | State IA | Zip Code 52807-3547 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 250.00 | | |
| Name of Employer (for Individual) Rock Valley Physical Therapy | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| 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 19 OF 96 |
| | <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. Bossen, Drew, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Progressive Rehab Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696742
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. DeWall, Matthew, Ray, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Country Club Rd
 City Indianola State IA Zip Code 50125-1137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indianola Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696744
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Norby, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Katrina Street PO Box 627
 City Arnolds Park State IA Zip Code 51331-7751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Le Mars Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696749
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|--|---------|
| 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: (check only one) | PAGE 20 OF 96 |
| <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)

| | | | |
|---|--|-----------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stimac, Blaine, Daniel, , | | | Date of Receipt |
| Mailing Address 335 E Bowman Dr | | | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2017"/> |
| City Kalispell | State MT | Zip Code 59901-6878 | Transaction ID : 76696751 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="1000.00"/> |
| Name of Employer (for Individual) Kalispell Rehab | | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/> | | |

| | | | |
|---|---|-----------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kersten, Todd, Michael, Mr, | | | Date of Receipt |
| Mailing Address 2104 Parkview Ln | | | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2017"/> |
| City Davenport | State IA | Zip Code 52807-3633 | Transaction ID : 76696754 |
| 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 (for Individual) Rock Valley Physical Therapy | | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| 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 of Individual (Last, First, Middle Initial) or Full Organization Name C. Reed, Kelly, , Ms, | | | Date of Receipt |
| Mailing Address 10738 Nw Old Cornelius Pass Rd | | | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2017"/> |
| City Portland | State OR | Zip Code 97231-2501 | Transaction ID : 76696757 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="2500.00"/> |
| Name of Employer (for Individual) Therapeutic Associates | | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/> | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="3750.00"/> |
| 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 21 OF 96 |
| | <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. Lamb, Anne, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1006 Prairie Ln Ne

| | | |
|------------------|-------------|------------------------|
| City Owatonna | State MN | Zip Code 55060-1977 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) In Touch Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696758

Amount of Each Receipt this Period
250.00

Memo Item

B. Butch, Mary, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4463 McCaslin Ridge Dr

| | | |
|----------------------|-------------|------------------------|
| City Allison Park | State PA | Zip Code 15101-2165 |
|----------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Physical Rehab Services | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696759

Amount of Each Receipt this Period
500.00

Memo Item

C. Butch, Billy, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1033 Perry Hwy

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15237-2123 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Physical Rehab Services | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696760

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 96 |
| | <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. Faucheux, Cristina, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Pointe Ave
 City Zachary State LA Zip Code 70791-7346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moreau Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696761
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Guillet, Marc, Andre, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3825 El Camino Real
 City Palo Alto State CA Zip Code 94306-3324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agile Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696762
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jordahl, Erik, Martin, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22699 190th Ave
 City Davenport State IA Zip Code 52807-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rock Valley Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696763
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1100.00 |
| 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 23 OF 96 |
| <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. Cunningham, Carole, Lyne, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 Sweetleaf Ln

| | | |
|----------------|-------------|------------------------|
| City Buford | State GA | Zip Code 30519-3854 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Mobile Wellness and Performance | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : 76696810

Amount of Each Receipt this Period
500.00

Memo Item

B. DiAngelis, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6003 Hazelwood Ln Se

| | | |
|------------------|-------------|------------------------|
| City Bellevue | State WA | Zip Code 98006-2615 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Comprehensive Physical Therapy Center | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : 76696811

Amount of Each Receipt this Period
100.00

Memo Item

C. Braun, Gail, Sue, Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3127 E Tuttle Rd

| | | |
|---------------|-------------|------------------------|
| City Ionia | State MI | Zip Code 48846-9650 |
|---------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : 76696812

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 96 |
| | <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. Roubal, Paul, Joseph, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3476 Fox Woods Ct

| | | |
|----------------------|-------------|------------------------|
| City W Bloomfield | State MI | Zip Code 48324-3265 |
|----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) PT Specialists | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : 76696813

Amount of Each Receipt this Period
500.00

Memo Item

B. Hartz, Brian, D., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 Riveredge Dr

| | | |
|---------------|-------------|------------------------|
| City Leola | State PA | Zip Code 17540-9738 |
|---------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Hartz Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : 76696814

Amount of Each Receipt this Period
500.00

Memo Item

C. Netzinger, Mark, Anthony, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 313th Ave Ne

| | | |
|-------------------|-------------|------------------------|
| City Cambridge | State MN | Zip Code 55008-6811 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) American Ergonomics, Inc. | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 02 | | 2017 |

Transaction ID : 76696816

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 OF 96 |
| | <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. Norman, Eva, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11144 Hillsboro Ave N

| | | |
|------------------|-------------|------------------------|
| City Champlin | State MN | Zip Code 55316-3128 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Live Your Life Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696817

Amount of Each Receipt this Period
50.00

Memo Item

B. Eluma, Renee, Adomah Nyarko, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3626 Wright Ter Ne

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20018-3847 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Forever Fit Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696820

Amount of Each Receipt this Period
1000.00

Memo Item

C. Olson, James, Robert, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1311 Sunny Ln

| | | |
|---------------|-------------|------------------------|
| City Anoka | State MN | Zip Code 55303-1345 |
|---------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) MotionCare | Occupation (for Individual) 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 |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696823

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1550.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 96 |
| | <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. Klug, Jerry, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Eighty Oak St Sw
 City Jacksonville State AL Zip Code 36265-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL Physical Rehab Service Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2299.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696824
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Thuringer, Brad, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 17th Ave S
 City Brookings State SD Zip Code 57006-4099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Area Technical Institute Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696825
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Blackford, Erin, Fisher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4433 176th Ln Ne
 City Ham Lake State MN Zip Code 55304-4285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MotionCare Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696826
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 809.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 96 |
| | <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. Tice, Brett, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15171 Kelly Dr
 City Harlingen State TX Zip Code 78552-6738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Back to Action Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76696874
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Swearingen, Jody, Lee, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2446 Arden Village Dr
 City Columbia State TN Zip Code 38401-6224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Results Physio Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76696875
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Hancock, Renee, Amanda, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19021 Dodge St NW
 City Elk River State MN Zip Code 55330-2870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Consultants Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : 76696878
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 96 |
| | <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. Click, Nathan, Paul, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5302 Mountain Park Dr

| | | |
|------------------------|-------------|------------------------|
| City Indian Springs | State AL | Zip Code 35124-3002 |
|------------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Therapy South | Occupation (for Individual) 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 |
| 11 | | 02 | | 2017 |

Transaction ID : 76696879

Amount of Each Receipt this Period
500.00

Memo Item

B. Hutchinson, David, Brian, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1896 Candleridge Dr

| | | |
|--------------------|-------------|------------------------|
| City Twin Falls | State ID | Zip Code 83301-8302 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Body Balance Physical Therapy | Occupation (for Individual) 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 |
| 11 | | 02 | | 2017 |

Transaction ID : 76696880

Amount of Each Receipt this Period
500.00

Memo Item

C. Flynn, Susan, C., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 W. Magnolia, Ste. 110

| | | |
|----------------------|-------------|------------------------|
| City Fort Collins | State CO | Zip Code 80521-2915 |
|----------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Colorado Physical Therapy Specialists | Occupation (for Individual) 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 |
| 11 | | 02 | | 2017 |

Transaction ID : 76696881

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| 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: (check only one) | PAGE 29 OF 96 |
| <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. Flynn, Timothy, W., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 946 E Ridgecrest Rd
 City Fort Collins State CO Zip Code 80524-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Physical Therapy Specialists Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696882
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Welk, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2461 Alydar Dr
 City Wexford State PA Zip Code 15090-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tucker Law Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696884
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Fava, Craig, S., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Oakview Dr
 City Media State PA Zip Code 19063-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parrot Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76696885
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 30 OF 96 |
| <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. Felder, Charles, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11100 4th St Apt G103

| | | |
|--------------------------|-------------|------------------------|
| City Rancho Cucamonga | State CA | Zip Code 91730-5945 |
|--------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) HCS Consulting | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 02 / 2017 |

Transaction ID : 76696889

Amount of Each Receipt this Period
500.00

Memo Item

B. Reed, Deborah, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9178 Cambridge Rd

| | | |
|-------------------|-------------|------------------------|
| City Tell City | State IN | Zip Code 47586-8356 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Advanced Rehab Incorporated | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 02 / 2017 |

Transaction ID : 76696890

Amount of Each Receipt this Period
250.00

Memo Item

C. Pennisi, Angela, Wilson, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) LakeShore Sports Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 02 / 2017 |

Transaction ID : 76696891

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 96 |
| | <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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Tutt, Christopher, George, Mr,

Mailing Address 15231 Ridgeview Pl

| | | |
|---------------|-------------|------------------------|
| City Poway | State CA | Zip Code 92064-2234 |
|---------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) ProActive Orthopedic & Sports PT | Occupation (for Individual) 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 |
| 11 | | 02 | | 2017 |

Transaction ID : 76696894

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. White, Brian, Lee, Dr,

Mailing Address 6180 S Tarrega Ln

| | | |
|------------------|-------------|------------------------|
| City Meridian | State ID | Zip Code 83642-7201 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Mountain Land Rehabilitation | Occupation (for Individual) 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 |
| 11 | | 02 | | 2017 |

Transaction ID : 76696896

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Levine, Phyllis, DiMonte, Dr,

Mailing Address 14301 S Golden Oak Dr

| | | |
|--------------------|-------------|------------------------|
| City Homer Glen | State IL | Zip Code 60491-9696 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Functional Therapy and Rehab | Occupation (for Individual) 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 |
| 11 | | 02 | | 2017 |

Transaction ID : 76696912

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 32 OF 96 |
| | <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. Otterbein, Gina, Pauline, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Conran Dr
 City Coopersville State MI Zip Code 49404-1366
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Northern Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 02 / 2017
Transaction ID : 76696959
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Alstot, Steven, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3222 NE US Grant Pl
 City Portland State OR Zip Code 97212-5143
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) ProActive Orthopedic & Sports PT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 02 / 2017
Transaction ID : 76696962
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Albanese, Shannon, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Belmont Ct
 City Goshen State NY Zip Code 10924-1209
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Access Physical Therapy & Wellness Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 02 / 2017
Transaction ID : 76696965
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 33 OF 96 |
| <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. Anderson, Robert, Oscar, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4457 8 1/2 Street Ct

| | | |
|---------------------|-------------|------------------------|
| City East Moline | State IL | Zip Code 61244-4182 |
|---------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Rock Valley Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76696966

Amount of Each Receipt this Period
45.00

Memo Item

B. Singer, Donna, L., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Oceanport Ave Ste 1

| | | |
|-----------------------|-------------|------------------------|
| City Little Silver | State NJ | Zip Code 07739-1250 |
|-----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Sports Care & Physical Rehab | Occupation (for Individual) 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 |
| 11 | / | 17 | / | 2017 |

Transaction ID : 76697143

Amount of Each Receipt this Period
250.00

Memo Item

C. Saladin, Lisa, Kristine, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1325 Overcreek Ct

| | | |
|------------------------|-------------|------------------------|
| City Mount Pleasant | State SC | Zip Code 29464-9490 |
|------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) MUSC | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2017 |

Transaction ID : 76697144

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 395.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 34 OF 96 |
| <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)

| | | |
|---|-------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rosen, Julie, Lee, , | | Date of Receipt MM / DD / YYYY 11 / 08 / 2017 |
| Mailing Address Unit 806 1570 Elmwood Ave | | Transaction ID : 76699937 |
| City Evanston | State IL | Zip Code 60201-4577 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer (for Individual) Sava Senior Care | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Caitlin, Marie, , | | Date of Receipt MM / DD / YYYY 11 / 08 / 2017 |
| Mailing Address 4837 Stamford Dr | | Transaction ID : 76700050 |
| City West Bloomfield | State MI | Zip Code 48323-2664 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 21.00 |
| Name of Employer (for Individual) CKS of Mt. Clemens | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Giffin, Ann, , , | | Date of Receipt MM / DD / YYYY 11 / 09 / 2017 |
| Mailing Address 8949 Wesley Pl | | Transaction ID : 76703298 |
| City Knoxville | State TN | Zip Code 37922-5916 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer (for Individual) University of Tennessee | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1100.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 321.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 96 |
| | <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. Waldron, Jeffrey, Alan, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21009 76th Ave W Ste B
 City Edmonds State WA Zip Code 98026-7126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Axis Physical Therapy Occupation (for Individual) 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
 11 / 09 / 2017
Transaction ID : 76703299
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Bahner, Candy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24165 Dogwood Rd
 City Belvue State KS Zip Code 66407-9147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : 76703610
 Amount of Each Receipt this Period
 10.42
 Memo Item

C. Boissonnaut, William, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 N Alfred St
 City Alexandria State VA Zip Code 22314-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : 76703658
 Amount of Each Receipt this Period
 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 552.09 |
| 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 36 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Chesbro, Steven, Bryce, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 Dodson Ave
PO Box 839

City Saint Michaels State MD Zip Code 21663-2126

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

Name of Employer (for Individual) APTA Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
882.00

Date of Receipt
11 / 09 / 2017
Transaction ID : 76703659

Amount of Each Receipt this Period
42.00

Memo Item

B. Elliott, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16431 Regatta Lane

City Woodbridge State VA Zip Code 22191-6368

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.64

Date of Receipt
11 / 09 / 2017
Transaction ID : 76703713

Amount of Each Receipt this Period
20.84

Memo Item

C. Elliott, Justin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Kalorama Road, NW
Suite 214

City Washington State DC Zip Code 20009-3507

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
437.64

Date of Receipt
11 / 09 / 2017
Transaction ID : 76703714

Amount of Each Receipt this Period
20.84

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 83.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 96 |
| | <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. Elrod, Matt, Wayne, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4782 Farndon Ct

| | | |
|-----------------|-------------|------------------------|
| City Fairfax | State VA | Zip Code 22032-1913 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703715

Amount of Each Receipt this Period
20.84

Memo Item

B. Evans, Wanda, Kim, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 34th St Se

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20020-2304 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703716

Amount of Each Receipt this Period
20.84

Memo Item

C. Frohlich, Mandy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1363 Emerald Street, NE

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20002-5431 |
|--------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) APTA | Occupation (for Individual) Lobbyist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
437.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703718

Amount of Each Receipt this Period
20.84

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 62.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 96 |
| | <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. Smith, Heather, Lauren, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Quaker Hill Ct

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State VA | Zip Code 22314-4742 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.64

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703769

Amount of Each Receipt this Period
20.84

Memo Item

B. Matlack, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3908 19th Street South

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State VA | Zip Code 22204-5114 |
|-------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) APTA | Occupation (for Individual) Lobbyist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
457.64

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703772

Amount of Each Receipt this Period
20.84

Memo Item

C. Moore, Justin, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703773

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 141.68 |
| 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 39 OF 96 |
| | <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. Pahmer, Allyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N Fairfax St
 City Alexandria State VA Zip Code 22314-1484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) CMPT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 09 / 2017
Transaction ID : 76703776
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Cummings, Todd, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51699 Churchill Dr
 City Shelby Township State MI Zip Code 48316-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HQ Inc. Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2017
Transaction ID : 76703941
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Shamoun, Nicholas, Ryan, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7305 Village Park Dr
 City Clarkston State MI Zip Code 48346-1994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VMS of Macomb Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2017
Transaction ID : 76703942
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 62.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 40 OF 96 |
| <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. Ames, Timothy, Joseph, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53777 Regency Hills Ct

| | | |
|-------------------------|-------------|------------------------|
| City Shelby Township | State MI | Zip Code 48316-2048 |
|-------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 09 / 2017 |

Transaction ID : 76703943

Amount of Each Receipt this Period
21.00

Memo Item

B. Forfinski, Scott, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1773 Star Batt Dr

| | | |
|-------------------------|-------------|------------------------|
| City Rochester Hills | State MI | Zip Code 48309-3708 |
|-------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 09 / 2017 |

Transaction ID : 76703944

Amount of Each Receipt this Period
21.00

Memo Item

C. Dziadzio, Kimberly, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6732 Haymarket

| | | |
|-------------------------|-------------|------------------------|
| City Shelby Township | State MI | Zip Code 48317-6323 |
|-------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) AKS of Romeo | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 09 / 2017 |

Transaction ID : 76703945

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 41 OF 96 |
| | <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. Machold, Danielle, Nicole, Miss,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14844 Sugar Maple Dr

| | | |
|--------------------|-------------|------------------------|
| City Washington | State MI | Zip Code 48094-3187 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 09 / 2017 |

Transaction ID : 76703946

Amount of Each Receipt this Period

| |
|-------|
| 21.00 |
|-------|

 Memo Item

B. Sanborn, Matthew, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53033 Briar Dr

| | | |
|-------------------------|-------------|------------------------|
| City Shelby Township | State MI | Zip Code 48316-2215 |
|-------------------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 09 / 2017 |

Transaction ID : 76703947

Amount of Each Receipt this Period

| |
|-------|
| 21.00 |
|-------|

 Memo Item

C. Felstow, Donald, Walter, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 Donna Mae

| | | |
|-----------------|-------------|------------------------|
| City Leonard | State MI | Zip Code 48367-4293 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) AKS of Romeo | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
231.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 09 / 2017 |

Transaction ID : 76703948

Amount of Each Receipt this Period

| |
|-------|
| 42.00 |
|-------|

 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.00 |
| 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 42 OF 96 |
| | <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. Martel, Edward, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36902 Lamphier St
 City Harrison Township State MI Zip Code 48045-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CKS of Mt. Clemens Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703955
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Cady, Daniel, Raymond, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Orbit Dr
 City Lake Orion State MI Zip Code 48360-1970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703956
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Martel, Julie, Marie, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36902 Lamphier St
 City Harrison Township State MI Zip Code 48045-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703957
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 43 OF 96 |
| | <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)

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hall, Caitlin, Marie, , | | | Date of Receipt MM / DD / YYYY 11 / 09 / 2017 Transaction ID : 76703958 | | |
| Mailing Address 4837 Stamford Dr | | | Amount of Each Receipt this Period 21.00 | | |
| City West Bloomfield | State MI | Zip Code 48323-2664 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 231.00 | | |
| Name of Employer (for Individual) CKS of Mt. Clemens | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rule, Nicole, Marie, , | | | Date of Receipt MM / DD / YYYY 11 / 09 / 2017 Transaction ID : 76703960 | | |
| Mailing Address 56325 Cannon Creek Rd | | | Amount of Each Receipt this Period 21.00 | | |
| City Utica | State MI | Zip Code 48316-5424 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 210.00 | | |
| Name of Employer (for Individual) KSS of Shelby | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Klimek, Kimberly, S., , | | | Date of Receipt MM / DD / YYYY 11 / 09 / 2017 Transaction ID : 76703961 | | |
| Mailing Address 1773 Star Batt Dr | | | Amount of Each Receipt this Period 21.00 | | |
| City Rochester Hills | State MI | Zip Code 48309-3708 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 210.00 | | |
| Name of Employer (for Individual) KSS of Shelby | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | |

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 44 OF 96 |
| | <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. Regan, Brian, Keith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 Norton Dr
 City Troy State MI Zip Code 48085-1661
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 KSS of Shelby PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703963
 Amount of Each Receipt this Period
 21.00
 Memo Item

B. Schultz, Lynn, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14368 Jonathan Dr
 City Washington State MI Zip Code 48094-3210
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Healthquest Physical Therapy PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703964
 Amount of Each Receipt this Period
 21.00
 Memo Item

C. Danko, Jessica, , Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 Candace Ct
 City Ortonville State MI Zip Code 48462-8670
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Healthquest Physical Therapy PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703967
 Amount of Each Receipt this Period
 21.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 45 OF 96 |
| <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. Peruski, Elizabeth, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5787 Pine Breeze Dr
 City Clarkston State MI Zip Code 48346-4089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HQ of Oxford Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2017
Transaction ID : 76703968
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Garr, Daniel, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HQ of Oxford Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2017
Transaction ID : 76703969
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Ivens, Alexander, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3309 Leewood Dr
 City Lake Orion State MI Zip Code 48360-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2017
Transaction ID : 76703970
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 46 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Storhok, James, Wade, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1946 Cloverdale Dr

| | | |
|-------------------|-------------|------------------------|
| City Rochester | State MI | Zip Code 48307-6041 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703971

Amount of Each Receipt this Period
21.00

Memo Item

B. Jones, Brian, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11998 Appletree Dr

| | | |
|------------------|-------------|------------------------|
| City Plymouth | State MI | Zip Code 48170-3736 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) KRS of Clawson | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703972

Amount of Each Receipt this Period
21.00

Memo Item

C. Rabaut, Steven, James, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16770 Country Club Dr

| | | |
|----------------|-------------|------------------------|
| City Macomb | State MI | Zip Code 48042-1137 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) KRS of Clawson | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703973

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 47 OF 96 |
| <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. Wright, Maria, Michelle, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4417 Rosewold Ave

| | | |
|-------------------|-------------|------------------------|
| City Royal Oak | State MI | Zip Code 48073-1742 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 09 | / | 2017 |

Transaction ID : 76703974

Amount of Each Receipt this Period
21.00

Memo Item

B. DESANTIS, NICHOLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1773 Star Batt Dr

| | | |
|-------------------------|-------------|------------------------|
| City Rochester Hills | State MI | Zip Code 48309-3708 |
|-------------------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 09 | / | 2017 |

Transaction ID : 76703975

Amount of Each Receipt this Period
21.00

Memo Item

C. Morelli, Anthony, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1773 Star Batt Dr

| | | |
|-------------------------|-------------|------------------------|
| City Rochester Hills | State MI | Zip Code 48309-3708 |
|-------------------------|-------------|------------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) VMS of Macomb | Occupation (for Individual) PTA |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 09 | / | 2017 |

Transaction ID : 76703976

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 48 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Pierce, Jamie, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9546 Westwood Cir
 City Clarkston State MI Zip Code 48348-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest PT & Wellness Ctr of Clark Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703978
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Lukens, Steven, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 State St
 City Oxford State MI Zip Code 48371-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest PT & Wellness Ctr of Clark Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703979
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Carson, George, Purdy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3515 Timber Creek Ln
 City Attica State MI Zip Code 48412-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest PT & Wellness Ctr of Clark Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 11 / 09 / 2017
Transaction ID : 76703980
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 49 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Dungan, Elizabeth, A., Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1280 Poppy Hill Dr

| | | |
|----------------|-------------|------------------------|
| City Oxford | State MI | Zip Code 48371-6093 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest PT & Wellness Ctr of Clark | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703981

Amount of Each Receipt this Period
21.00

Memo Item

B. Altenburg, Sheri, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6808 Oakhurst Ridge Rd

| | | |
|-------------------|-------------|------------------------|
| City Clarkston | State MI | Zip Code 48348-5028 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703982

Amount of Each Receipt this Period
21.00

Memo Item

C. Schweiger, Alexa, Lynn, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9960 Saint Clair Hwy

| | | |
|---------------|-------------|------------------------|
| City Casco | State MI | Zip Code 48064-1112 |
|---------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703983

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 50 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Wargo, Nicole, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51229 Caroline Dr
 City Chesterfield State MI Zip Code 48047-4582
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CKS of Mt. Clemens Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : 76703984
 Amount of Each Receipt this Period
 21.00
 Memo Item

B. Genshow, Lichelle, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4844 Mayer Rd
 City Casco State MI Zip Code 48064-3321
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CKS of Mt. Clemens Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : 76703985
 Amount of Each Receipt this Period
 21.00
 Memo Item

C. GHARAVI, CAMRON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2320 Hamata St
 City Ferndale State MI Zip Code 48220-1499
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : 76703986
 Amount of Each Receipt this Period
 21.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 63.00 |
| 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 51 OF 96 |
| <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. Pizzimenti, Michael, Daniel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55138 Lordona Ln

| | | |
|-------------------------|-------------|------------------------|
| City Shelby Township | State MI | Zip Code 48315-1067 |
|-------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2017 |

Transaction ID : 76703989

Amount of Each Receipt this Period
21.00

Memo Item

B. Bigelow, Charles, Richard, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 N Oak Ridge Rd

| | | |
|-----------------|-------------|------------------------|
| City Brandon | State SD | Zip Code 57005-1572 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Prairie Rehabilitation Services | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 16 | | 2017 |

Transaction ID : 76732906

Amount of Each Receipt this Period
250.00

Memo Item

C. Barrickman, Diane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 Vista De La Playa Ln

| | | |
|-----------------------|-------------|------------------------|
| City Santa Barbara | State CA | Zip Code 93109-1701 |
|-----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Human Performance Center | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 15 | | 2017 |

Transaction ID : 76734606

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 771.00 |
| 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 52 OF 96 |
| | <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. Aitken, Dena, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Remington Dr W
 City Lewisville State TX Zip Code 75077-4006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Therapy Centers Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 07 / 2017
Transaction ID : 76734616
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Kotler, Judith, Eleanor, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7600 Roosevelt Blvd APT 505
 City Philadelphia State PA Zip Code 19152-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) At Home Health Inc. Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 11 / 14 / 2017
Transaction ID : 76735681
 Amount of Each Receipt this Period
 155.00
 Memo Item

C. von Nieda, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Temple University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : 76739878
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 755.00 |
| 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 53 OF 96 |
| <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. Arslanian, Linda, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Bray St
 City Gloucester State MA Zip Code 01930-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Partners Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : 76739879
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Reese, Nancy, B., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 Chimney Rock St
 City Conway State AR Zip Code 72034-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Central Arkansas Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : 76739881
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Rauk, Reva, P., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8987 Northcove Dr
 City Park City State UT Zip Code 84098-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : 76739882
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 54 OF 96
(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. Talley, Susan, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 W Drayton St
 City Ferndale State MI Zip Code 48220-2744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 17 / 2017
Transaction ID : 76739935
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Thompson, Anne, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Cherryfield Ln
 City Savannah State GA Zip Code 31419-9095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Armstrong State University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 17 / 2017
Transaction ID : 76739940
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Mairella, Kathleen, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 17 / 2017
Transaction ID : 76739942
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00
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 55 OF 96 |
| | <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. Strazar, Patricia, J., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2556 Laurel Rd

| | | |
|------------------|-------------|------------------------|
| City Hinckley | State OH | Zip Code 44233-9548 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Millennium Rehabilitation | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 17 | / | 2017 |

Transaction ID : 76740297

Amount of Each Receipt this Period
25.00

Memo Item

B. Gorman, Ira, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 254 Mary Beth Rd

| | | |
|-------------------|-------------|------------------------|
| City Evergreen | State CO | Zip Code 80439-4312 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Regis University | Occupation (for Individual) 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 |
| 11 | / | 17 | / | 2017 |

Transaction ID : 76740298

Amount of Each Receipt this Period
100.00

Memo Item

C. Johnson, Julie, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2427 E Miller St

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98112-2201 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Seattle Orthopedic & Sports PT | Occupation (for Individual) 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 |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76767600

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 625.00 |
| 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 56 OF 96 |
| <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. Byl, Nancy, E., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1815 Cholula Dr

| | | |
|--------------|-------------|------------------------|
| City Reno | State NV | Zip Code 89521-3038 |
|--------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) University of California-San Francisco | Occupation (for Individual) 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 |
| 11 | / | 20 | / | 2017 |

Transaction ID : 76771401

Amount of Each Receipt this Period
1000.00

Memo Item

B. Skiles, Cynthia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3910 Teays Valley Rd

| | | |
|-------------------|-------------|------------------------|
| City Hurricane | State WV | Zip Code 25526-9756 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Teays PT Center | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 20 | / | 2017 |

Transaction ID : 76771411

Amount of Each Receipt this Period
500.00

Memo Item

C. Ruhl, Joseph, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2257 Warner Rd

| | | |
|------------------|-------------|------------------------|
| City Lansdale | State PA | Zip Code 19446-5855 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Excel Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 27 | / | 2017 |

Transaction ID : 76774645

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 57 OF 96 |
| <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. Johnson, Bringa, M., Miss,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1283 County Road A

| | | |
|------------------|-------------|------------------------|
| City Edgerton | State WI | Zip Code 53534-9545 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Beloit Health System | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 21 | / | 2017 |

Transaction ID : 76775362

Amount of Each Receipt this Period
250.00

Memo Item

B. Bahner, Candy, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24165 Dogwood Rd

| | | |
|----------------|-------------|------------------------|
| City Belvue | State KS | Zip Code 66407-9147 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.20

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 22 | / | 2017 |

Transaction ID : 76775416

Amount of Each Receipt this Period
10.42

Memo Item

C. Boissonnaut, William, G., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 N Alfred St

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State VA | Zip Code 22314-1956 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1116.74

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 22 | / | 2017 |

Transaction ID : 76775425

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 302.09 |
| 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 58 OF 96 |
| <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. Chesbro, Steven, Bryce, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 Dodson Ave
PO Box 839

City Saint Michaels State MD Zip Code 21663-2126

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

Name of Employer (for Individual) APTA Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
11 / 22 / 2017
Transaction ID : 76775433

Amount of Each Receipt this Period
42.00

Memo Item

B. Elliott, Carmen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16431 Regatta Lane

City Woodbridge State VA Zip Code 22191-6368

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.48

Date of Receipt
11 / 22 / 2017
Transaction ID : 76775439

Amount of Each Receipt this Period
20.84

Memo Item

C. Elliott, Justin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Kalorama Road, NW
Suite 214

City Washington State DC Zip Code 20009-3507

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.48

Date of Receipt
11 / 22 / 2017
Transaction ID : 76775440

Amount of Each Receipt this Period
20.84

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 83.68 |
| 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 59 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Elrod, Matt, Wayne, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4782 Farndon Ct

| | | |
|-----------------|-------------|------------------------|
| City Fairfax | State VA | Zip Code 22032-1913 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.48

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 22 / 2017 |

Transaction ID : 76775457

Amount of Each Receipt this Period

| |
|-------|
| 20.84 |
|-------|

 Memo Item

B. Evans, Wanda, Kim, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 34th St Se

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20020-2304 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.48

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 22 / 2017 |

Transaction ID : 76775458

Amount of Each Receipt this Period

| |
|-------|
| 20.84 |
|-------|

 Memo Item

C. Frohlich, Mandy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1363 Emerald Street, NE

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20002-5431 |
|--------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) APTA | Occupation (for Individual) Lobbyist |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.48

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 22 / 2017 |

Transaction ID : 76775460

Amount of Each Receipt this Period

| |
|-------|
| 20.84 |
|-------|

 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 62.52 |
| 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 60 OF 96 |
| | <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. Smith, Heather, Lauren, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Quaker Hill Ct

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State VA | Zip Code 22314-4742 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
483.48

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 22 | | 2017 |

Transaction ID : 76775466

Amount of Each Receipt this Period
20.84

Memo Item

B. Matlack, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3908 19th Street South

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State VA | Zip Code 22204-5114 |
|-------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) APTA | Occupation (for Individual) Lobbyist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
478.48

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 22 | | 2017 |

Transaction ID : 76775468

Amount of Each Receipt this Period
20.84

Memo Item

C. Moore, Justin, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 22 | | 2017 |

Transaction ID : 76775469

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 141.68 |
| 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 61 OF 96 |
| | <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)

| | | | | | |
|---|-------------|-------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pahmer, Allyson, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2017 Transaction ID : 76775471 | | |
| Mailing Address 1111 N Fairfax St | | | Amount of Each Receipt this Period 20.84 | | |
| City Alexandria | State VA | Zip Code 22314-1484 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 458.48 | | |
| Name of Employer (for Individual) APTA | | Occupation (for Individual) CMPT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|---|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Adams, Kady, , Dr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2017 Transaction ID : 76790750 | | |
| Mailing Address 1170 Everett Rd | | | Amount of Each Receipt this Period 20.84 | | |
| City Eagle River | State WI | Zip Code 54521-8781 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 229.24 | | |
| Name of Employer (for Individual) Spine & Sport PT Specialists | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|--|-------------|-----------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thorsen, Timothy, , Mr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2017 Transaction ID : 76790751 | | |
| Mailing Address 586 Shepard St | | | Amount of Each Receipt this Period 83.34 | | |
| City Rhineland | State WI | Zip Code 54501-3552 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 833.40 | | |
| Name of Employer (for Individual) Spine & Sport Clinic | | Occupation (for Individual) PT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.02 |
| 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 62 OF 96 |
| | <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. Haylett, Michael, Don, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 High Ridge Cir

| | | |
|-------------------|-------------|------------------------|
| City Schofield | State WI | Zip Code 54476-3192 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Spine & Sport PT Specialists | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 27 | / | 2017 |

Transaction ID : 76790752

Amount of Each Receipt this Period
20.84

Memo Item

B. Weyrauch, Stephanie, A., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3904 University Ave #6

| | | |
|---------------------|-------------|------------------------|
| City Grand Forks | State ND | Zip Code 58203-0524 |
|---------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Rehab Authority | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76790753

Amount of Each Receipt this Period
100.00

Memo Item

C. Trachman, Brandon, Michael, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 W Main St Apt 412

| | | |
|-----------------------|-------------|------------------------|
| City Oklahoma City | State OK | Zip Code 73102-2213 |
|-----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Physical Therapy Central | Occupation (for Individual) 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 |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76790771

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 370.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 96 |
| | <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. Garfield, Elizabeth, Smith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Willoughby Sq
 City Sterling State VA Zip Code 20165-4749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Rehab Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2017
Transaction ID : 76806170
 Amount of Each Receipt this Period 200.00
 Memo Item

B. DeStefano, Secili, Hurley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43217 Lindsay Marie Dr
 City Ashburn State VA Zip Code 20147-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 76806228
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Portney, Leslie, G., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 Rosemary St
 City Needham State MA Zip Code 02494-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MGHIHP Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2017
Transaction ID : 76806331
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 800.00 |
| 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 64 OF 96 |
| <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)

| | | | |
|---|-------------|-------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ferretti, Martha, , , | | | Date of Receipt MM / DD / YYYY 11 / 27 / 2017 Transaction ID : 76806349 |
| Mailing Address 14516 Maplelake Dr | | | Amount of Each Receipt this Period 1000.00 |
| City Edmond | State OK | Zip Code 73013-1863 | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer (for Individual) OUHSC | | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|-------------|-------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ellis, Julie, A., Ms, | | | Date of Receipt MM / DD / YYYY 11 / 30 / 2017 Transaction ID : 76835631 |
| Mailing Address 3228 Highlawn Dr | | | Amount of Each Receipt this Period 1250.00 |
| City Twin Falls | State ID | Zip Code 83301-8417 | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer (for Individual) Center for Physical Rehab | | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|-------------|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Howell, Alan, J., Mr, | | | Date of Receipt MM / DD / YYYY 11 / 30 / 2017 Transaction ID : 76835632 |
| Mailing Address 5400 Kennedy Ave | | | Amount of Each Receipt this Period 50.00 |
| City Cincinnati | State OH | Zip Code 45213-2664 | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer (for Individual) Self-Employed | | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2300.00 |
| 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 65 OF 96 |
| | <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. John, Linda, Diane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Liam Dr
 City Frisco State TX Zip Code 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mustang Public Schools Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 76835663
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rivard, Jim, Ronald, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1560 140th Ave Ne Ste 100
 City Bellevue State WA Zip Code 98005-4571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Manual Therapy International Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.04

Date of Receipt 11 / 30 / 2017
Transaction ID : 76835685
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Glasser, Keith, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Sw 10th Ave Ste 101
 City Portland State OR Zip Code 97205-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optional Result PT & Golf Conditioning Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 76835688
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 66 OF 96 |
| <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. Whitehead, Beth, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1711 College Ave
PO Box 37

City Jackson State AL Zip Code 36545-2425

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

Name of Employer (for Individual) Health Actions Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 76835941

Amount of Each Receipt this Period 100.00

Memo Item

B. Jonathan, Joanne, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15612 Count Viking Ct

City Westfield State IN Zip Code 46074-7632

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

Name of Employer (for Individual) ATI Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 76836017

Amount of Each Receipt this Period 250.00

Memo Item

C. Ganter, Kristina, W., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2322 Douglas Dr

City Eugene State OR Zip Code 97405-1711

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2017
Transaction ID : 76837305

Amount of Each Receipt this Period 500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 67 OF 96 |
| <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)

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kanealy, Heidi, Ann, Mrs, | | Date of Receipt |
| Mailing Address 268 Highland Dr Nw | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2017"/> |
| City Cedar Rapids | State IA | Zip Code 52405-4850 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 76837313 |
| Name of Employer (for Individual) Athletico Physical Therapy | | Occupation (for Individual) PT |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| <input type="text" value="350.00"/> | | <input type="checkbox"/> Memo Item |

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Krishnan, Shankar, L., Dr, | | Date of Receipt |
| Mailing Address 1440 Centennial Dr | | <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2017"/> |
| City Canton | State MI | Zip Code 48187-5812 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 76837319 |
| Name of Employer (for Individual) Ascent Physical Therapy Specialists | | Occupation (for Individual) PT |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| <input type="text" value="250.00"/> | | <input type="checkbox"/> Memo Item |

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lynch, Amy, Irene, , | | Date of Receipt |
| Mailing Address 2040 Redwood St | | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2017"/> |
| City Port Townsend | State WA | Zip Code 98368-3417 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 76837322 |
| Name of Employer (for Individual) Discovery Physical Therapy | | Occupation (for Individual) PT |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| <input type="text" value="1000.00"/> | | <input type="checkbox"/> Memo Item |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="850.00"/> |
| 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 68 OF 96 |
| | <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. Stenslie, Kathryn, B., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2223 Wildwood Cir

| | | |
|------------------|-------------|------------------------|
| City Columbus | State GA | Zip Code 31906-5504 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) PT Pros | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76837871

Amount of Each Receipt this Period
50.00

Memo Item

B. Lucas, Kendra, Jackalyn, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10343 Springpointe Circle
APT F

| | | |
|--------------------|-------------|------------------------|
| City Miamisburg | State OH | Zip Code 45342-0920 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) United Rehabilitation Services | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 27 | / | 2017 |

Transaction ID : 76838753

Amount of Each Receipt this Period
100.00

Memo Item

C. Tompkins, Sheryl, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Fairfax St Se

| | | |
|------------------|-------------|------------------------|
| City Leesburg | State VA | Zip Code 20175-3616 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Tompkins Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 30 | / | 2017 |

Transaction ID : 76838788

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|--------|
| 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 69 OF 96 |
| | <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. Black, Carl, Joseph, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1532 Nathan Hills Cir

| | | |
|-------------------|-------------|------------------------|
| City Maryville | State TN | Zip Code 37801-8981 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Appalachian Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 20 | / | 2017 |

Transaction ID : 7683885

Amount of Each Receipt this Period
50.00

Memo Item

B. Paull, Robert, M., Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4920 S Ashton Ct

| | | |
|-----------------|-------------|------------------------|
| City Spokane | State WA | Zip Code 99223-8606 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Apex Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 16 | / | 2017 |

Transaction ID : 76839912

Amount of Each Receipt this Period
25.00

Memo Item

C. Seder, Bryan, Jay, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 S 4th St

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19106-4219 |
|----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Seder Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 08 | / | 2017 |

Transaction ID : 76839936

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.00 |
| 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 70 OF 96 |
| | <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. Kelsick, Stephanie, Jane, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 Ne 134th Ave

| | | |
|-----------------|-------------|------------------------|
| City Alleman | State IA | Zip Code 50007-9802 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Rock Valley Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76839974

Amount of Each Receipt this Period
125.00

Memo Item

B. Allred, Margaret, Ingels, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Burton Way Apt 308

| | | |
|------------------------|-------------|------------------------|
| City West Hollywood | State CA | Zip Code 90048-3851 |
|------------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76885550

Amount of Each Receipt this Period
100.00

Memo Item

C. Bohanon, Thomas, Jerry, Mr, Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5437 Wintergreen Rd

| | | |
|--------------------|-------------|------------------------|
| City Glen Allen | State VA | Zip Code 23060-9236 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) In Motion Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2017 |

Transaction ID : 76885552

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| 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 71 OF 96 |
| <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. Ward, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Ockley Dr
 City Shreveport State LA Zip Code 71105-2919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STAT Home Health Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 02 / 2017
Transaction ID : 76885581
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cooper-Oguz, Carmen, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Shumate Cir
 City Cleveland State MS Zip Code 38732-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Sunflower Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 03 / 2017
Transaction ID : 76885591
 Amount of Each Receipt this Period 50.00
 Memo Item

C. John, Linda, Diane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Liam Dr
 City Frisco State TX Zip Code 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mustang Public Schools Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 11 / 03 / 2017
Transaction ID : 76885602
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 72 OF 96 |
| <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. Macnaughton, Lorraine, Sara, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30486 Passageway Pl
 City Agoura Hills State CA Zip Code 91301-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : 76885607
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Samaan, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 388 Green Mountain Rd
 City Mahwah State NJ Zip Code 07430-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) STU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2017
Transaction ID : 76885620
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mathews, James, John, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5923 Henley Dr
 City San Diego State CA Zip Code 92120-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of St. Augustine San Marcos Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2017
Transaction ID : 76885630
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| 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 73 OF 96 |
| <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. Line, Charles, Ernest, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17441 Walnut St

| | | |
|---------------------|-------------|------------------------|
| City Yorba Linda | State CA | Zip Code 92886-1826 |
|---------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) 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 |
| 11 | / | 21 | / | 2017 |

Transaction ID : 76899898

Amount of Each Receipt this Period
250.00

Memo Item

B. Tschoepe, Barbara, A., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 965 Saratoga Ct

| | | |
|-----------------|-------------|------------------------|
| City Boulder | State CO | Zip Code 80303-3233 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Regis University | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 26 | / | 2017 |

Transaction ID : 76899907

Amount of Each Receipt this Period
500.00

Memo Item

C. Alexander, Lori, Pratt, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2206 Traies Ct

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State VA | Zip Code 22306-2564 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) The Physical Therapy Zone | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2017 |

Transaction ID : 76925066

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| 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 74 OF 96 |
| <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. Christensen, Virginia, Norene, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 11083

| | | |
|-----------------|-------------|------------------------|
| City Jackson | State WY | Zip Code 83002-1083 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Four Pines Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 06 | / | 2017 |

Transaction ID : 76925068

Amount of Each Receipt this Period
100.00

Memo Item

B. Clynych, Holly, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18220 Ginavale Ln

| | | |
|----------------------|-------------|------------------------|
| City Eden Prairie | State MN | Zip Code 55346-2107 |
|----------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) St. Catherine University | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2017 |

Transaction ID : 76925069

Amount of Each Receipt this Period
50.00

Memo Item

C. Sanders, Jason, Scott, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) San Luis Sports Therapy & Orthopedic R | Occupation (for Individual) 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 |
| 11 | / | 08 | / | 2017 |

Transaction ID : 76925070

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 75 OF 96 |
| <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. York, Sheree, Chapman, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 Delcris Ct

| | | |
|--------------------|-------------|------------------------|
| City Birmingham | State AL | Zip Code 35226-1978 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) CHSYS | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 17 | / | 2017 |

Transaction ID : 76925077

Amount of Each Receipt this Period
250.00

Memo Item

B. Johnson, Ryan, Scott, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E 69th St Apt 3b

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10021-5506 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) IPA Manhattan | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 17 | / | 2017 |

Transaction ID : 76925080

Amount of Each Receipt this Period
50.00

Memo Item

C. Benner, Edie, Knowlton, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4900 Coldbrook Dr

| | | |
|----------------|-------------|------------------------|
| City Mantua | State OH | Zip Code 44255-9244 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self:Advanced Rehabilitation & Health | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 17 | / | 2017 |

Transaction ID : 76925083

Amount of Each Receipt this Period
125.00

Memo Item

| | |
|--|--------|
| 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 76 OF 96 |
| | <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. Kigin, Colleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 Dale St
 City Swampscott State MA Zip Code 01907-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIMIT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2017
Transaction ID : 76925085
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Dunn, Sharon, L., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LSUHSC-Shreveport Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 11 / 18 / 2017
Transaction ID : 76925093
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Picard, Kathleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2249 River Rd S
 City Lakeland State MN Zip Code 55043-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Big Stone Therapies Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 11 / 18 / 2017
Transaction ID : 76925094
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| 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 77 OF 96 |
| | <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. Crothers, Alan, B., Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2388 W Cogburn St

| | | |
|------------------|-------------|------------------------|
| City Meridian | State ID | Zip Code 83642-7174 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) 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 |
| 11 | / | 20 | / | 2017 |

Transaction ID : 76925095

Amount of Each Receipt this Period
100.00

Memo Item

B. Allred, Margaret, Ingels, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Burton Way Apt 308

| | | |
|------------------------|-------------|------------------------|
| City West Hollywood | State CA | Zip Code 90048-3851 |
|------------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 20 | / | 2017 |

Transaction ID : 76925096

Amount of Each Receipt this Period
100.00

Memo Item

C. Buenaventura, James, Jose, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2030 S Cabrillo Ave Unit 207

| | | |
|-------------------|-------------|------------------------|
| City San Pedro | State CA | Zip Code 90731-5364 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) California State University | Occupation (for Individual) 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 |
| 11 | / | 20 | / | 2017 |

Transaction ID : 76925098

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| 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 78 OF 96 |
| <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. Bishop, Barton, N., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9085 Best Bower Ct

| | | |
|----------------|-------------|------------------------|
| City Vienna | State VA | Zip Code 22182-2170 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Sport and Spine Rehab | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 20 | | 2017 |

Transaction ID : 76925099

Amount of Each Receipt this Period
50.00

Memo Item

B. Hamilton, Jeffrey, Thomas, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7891 Suellen St

| | | |
|----------------|-------------|------------------------|
| City Sneads | State FL | Zip Code 32460-2127 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 20 | | 2017 |

Transaction ID : 76925100

Amount of Each Receipt this Period
50.00

Memo Item

C. Kostopoulos, Dimitrios, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 198 Parkway Dr

| | | |
|------------------------|-------------|------------------------|
| City Roslyn Heights | State NY | Zip Code 11577-2737 |
|------------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Hands On Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 20 | | 2017 |

Transaction ID : 76925101

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 96 |
| | <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. Campbell, Angela, Abeyta, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Sunset Farm Rd

| | | |
|-----------------------|-------------|------------------------|
| City West Hartford | State CT | Zip Code 06107-1313 |
|-----------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Springfield College | Occupation (for Individual) 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 |
| 11 | | 20 | | 2017 |

Transaction ID : 76925102

Amount of Each Receipt this Period
50.00

Memo Item

B. Parker-Guerrero, Kim, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 Three Cross Dr

| | | |
|-----------------|-------------|------------------------|
| City Roswell | State NM | Zip Code 88201-7827 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Eastern Medical Center | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 20 | | 2017 |

Transaction ID : 76925105

Amount of Each Receipt this Period
50.00

Memo Item

C. Nordstrom, Terrence, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5958 Castle Dr

| | | |
|-----------------|-------------|------------------------|
| City Oakland | State CA | Zip Code 94611-2734 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Samuel Merritt College | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
440.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 20 | | 2017 |

Transaction ID : 76925155

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Tarro, Cathleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8301 44th St W
 City University Place State WA Zip Code 98466-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **463.00**

Date of Receipt **11 / 20 / 2017**
Transaction ID : 76925156
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Schell, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Nicklaus Ct
 City Grove City State PA Zip Code 16127-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 20 / 2017**
Transaction ID : 76925157
 Amount of Each Receipt this Period **200.00**
 Memo Item

C. Gulbrandson, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **916.74**

Date of Receipt **11 / 27 / 2017**
Transaction ID : 76925158
 Amount of Each Receipt this Period **83.34**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 325.34 |
| 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 81 OF 96 |
| | <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. Bronsord, Arthur, Clarence, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) State of the Art Physical Therapy | Occupation (for Individual) 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 |
| 11 | / | 27 | / | 2017 |

Transaction ID : 76925159

Amount of Each Receipt this Period
250.00

Memo Item

B. Hildreth, Paul, Andrew, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 930 Marengo St

| | | |
|---------------------|-------------|------------------------|
| City New Orleans | State LA | Zip Code 70115-2753 |
|---------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 27 | / | 2017 |

Transaction ID : 76925160

Amount of Each Receipt this Period
100.00

Memo Item

C. Bagbey, Sean, Michale, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6010 Mayfield Ct

| | | |
|------------------|-------------|------------------------|
| City Newburgh | State IN | Zip Code 47630-2227 |
|------------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Orthopedis and Sports Medicine | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76925162

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| 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 82 OF 96 |
| | <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. Baldwin, Jane, S., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 9th St Apt 603

| | | |
|-----------------|-------------|------------------------|
| City Medford | State MA | Zip Code 02155-5165 |
|-----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Health Partners | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 29 | | 2017 |

Transaction ID : 76925163

Amount of Each Receipt this Period
50.00

Memo Item

B. Bandy, William, D., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 822 Cartier Ln

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72211-5509 |
|---------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) University of Central Arkansas | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 29 | | 2017 |

Transaction ID : 76925214

Amount of Each Receipt this Period
50.00

Memo Item

C. Jankowski, Jeffrey, Steven, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8204 S Florence Ave

| | | |
|---------------|-------------|------------------------|
| City Tulsa | State OK | Zip Code 74137-1328 |
|---------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Redbud Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 29 | | 2017 |

Transaction ID : 76925215

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 96 |
| | <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)

| | | | |
|---|-------------|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Euype, Ervin, Scott, Dr, | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2017 |
| Mailing Address 1454 Rosewood Ave | | | Transaction ID : 76925216 |
| City Lakewood | State OH | Zip Code 44107-3734 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Cleveland Clinic | | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 510.00 | |

| | | | |
|---|-------------|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Graham, Patrick, Donovan, , | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2017 |
| Mailing Address 6453 Spring Water Dr | | | Transaction ID : 76925217 |
| City Columbus | State GA | Zip Code 31904-2982 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) HPRC | | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 640.00 | |

| | | | |
|---|-------------|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Johnson, Andrea, L., , | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2017 |
| Mailing Address 7520 Parktrace Ln Se | | | Transaction ID : 76925219 |
| City Owens Cross Roads | State AL | Zip Code 35763-8812 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Nesin Physical Therapy | | Occupation (for Individual) PT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 96 |
| | <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)

| | | | |
|---|-------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rothman, Jeffrey, Stephen, Dr, | | | Date of Receipt |
| Mailing Address 1412 Sandusky St | | | <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/> |
| City Pittsburgh | State PA | Zip Code 15212-4116 | Transaction ID : 76925270 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="50.00"/> |
| Name of Employer (for Individual) UPMC | | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| 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 of Individual (Last, First, Middle Initial) or Full Organization Name B. Lesko, Jennifer, Ann, Ms, | | | Date of Receipt |
| Mailing Address 3710 Sw Cloverdale St | | | <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/> |
| City Seattle | State WA | Zip Code 98126-3624 | Transaction ID : 76925271 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="50.00"/> |
| Name of Employer (for Individual) Therapeutic Associates | | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="580.00"/> | |

| | | | |
|---|-------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McMenamin, Peter, J., Mr, | | | Date of Receipt |
| Mailing Address 130 N Garland Ct Apt 3805 | | | <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/> |
| City Chicago | State IL | Zip Code 60602-4836 | Transaction ID : 76925274 |
| 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 (for Individual) Northwestern University | | Occupation (for Individual) PT | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ <input type="text" value="1900.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="350.00"/> |
| 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 85 OF 96 |
| <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. McDavitt, Stephen, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Bentrige Rd

| | | |
|------------------|-------------|------------------------|
| City Falmouth | State ME | Zip Code 04105-2500 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76925275

Amount of Each Receipt this Period
50.00

Memo Item

B. Moore, Craig, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 160453

| | | |
|---------------------------|-------------|------------------------|
| City Altamonte Springs | State FL | Zip Code 32716-0453 |
|---------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Florida Hospital Rehabilitation & Spor | Occupation (for Individual) 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 |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76925277

Amount of Each Receipt this Period
50.00

Memo Item

C. Platz, Elmer, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 Route 515

| | | |
|----------------|-------------|------------------------|
| City Vernon | State NJ | Zip Code 07462-3027 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Self-Employed | Occupation (for Individual) 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 |
| 11 | / | 29 | / | 2017 |

Transaction ID : 76925278

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 86 OF 96
(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. Miller, Wesley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Hyannis Dr
 City Asheville State NC Zip Code 28804-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 76925279
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Angaran, Jeremy, Shane, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7176 Kamilo St
 City Honolulu State HI Zip Code 96825-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 76925280
 Amount of Each Receipt this Period 50.00
 Memo Item

C. DiFilippo, Anthony, Erminio, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32097 Teasel Ct
 City Avon Lake State OH Zip Code 44012-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rehab Professionals of Cleveland Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 76925281
 Amount of Each Receipt this Period 50.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 96 |
| | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Edwards, Dana, Marie, Dr,

Mailing Address **9 Beech St**

| | | |
|------------------------|--------------------|-------------------------------|
| City Oakland | State NJ | Zip Code 07436-3928 |
|------------------------|--------------------|-------------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) West Milford PT | Occupation (for Individual) PT |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
11 / 29 / 2017

Transaction ID : 76925282

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 50.00 |
| TOTAL This Period (last page this line number only).....▶ | 68447.65 |

**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 88 OF 96 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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

A. Wells Fargo Bank, N.A.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. box 63020
 City San Francisco State CA Zip Code 94163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : 76925053
 Amount of Each Receipt this Period
 28.45
 Memo Item

B. SunTrust Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Old Town Branch King Street
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 581.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : 76925060
 Amount of Each Receipt this Period
 61.16
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 89.61 |
| TOTAL This Period (last page this line number only)..... | 89.61 |

**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"/> 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. Bill Shuster For Congress

Mailing Address PO Box 27

City
Holidaysburg

State
PA

Zip Code
16648

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shuster, William, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

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

FEC Identification Number

C00364935

Transaction ID : 76692125

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McSally For Congress

Mailing Address PO Box 19128

City
Tucson

State
AZ

Zip Code
85731

Purpose of Disbursement

011

Category/
Type

Candidate Name

McSally, Martha, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: AZ District: 02

Date of Disbursement

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

FEC Identification Number

C00512236

Transaction ID : 76692126

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , , Jr

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

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

FEC Identification Number

C00226928

Transaction ID : 76692127

Amount of Each Disbursement this Period

2500.00

Memo Item

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"/> 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. Jimmy Gomez For Congress

Mailing Address 3605 Long Beach Blvd., Suite 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement

011

Category/Type

Candidate Name

Gomez, Jimmy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C00629659

Transaction ID : 76692128

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Turner

Mailing Address 120 W 2nd Street Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement

011

Category/Type

Candidate Name

Turner, Michael R. (Mike), , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C00373001

Transaction ID : 76692129

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Category/Type

Candidate Name

Collins, Susan, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C00314575

Transaction ID : 76692356

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. Hawkeye PAC

Mailing Address P.O. Box 156

City
Des Moines

State
IA

Zip Code
50301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hawkeye PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00379479

Transaction ID : 76692358

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Graves For Congress

Mailing Address 2345 Grand Blvd
Ste 2400

City
Kansas City

State
MO

Zip Code
64108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Graves, Samuel, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District: 06

Date of Disbursement

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

FEC Identification Number

C C00359034

Transaction ID : 76692359

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kilmer, Derek, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

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

FEC Identification Number

C C00514893

Transaction ID : 76692360

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. New Pioneers PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 07 | | 2017 |

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

FEC Identification Number

| | |
|---|-----------|
| C | C00459123 |
|---|-----------|

Transaction ID : 76692363

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Memo Item

Candidate Name

New Pioneers PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Hal Rogers for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 07 | | 2017 |

Mailing Address P.O. Box 1214
E. Mount Vernon Street

City Somerset State KY Zip Code 42502

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

FEC Identification Number

| | |
|---|--|
| C | |
|---|--|

Transaction ID : 76692364

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Candidate Name

Rogers, Harold, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 05

Full Name (Last, First, Middle Initial)

C. Denny Heck For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 07 | | 2017 |

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

FEC Identification Number

| | |
|---|-----------|
| C | C00472159 |
|---|-----------|

Transaction ID : 76692365

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Candidate Name

Heck, Dennis, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 10

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"/> 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. Adam Smith For Congress Committee

Mailing Address PO Box 578

City
Renton

State
WA

Zip Code
98057

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, D Adam, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

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

FEC Identification Number

C C00304709

Transaction ID : 76692366

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McNerney For Congress

Mailing Address P.O. Box 690371

City
Stockton

State
CA

Zip Code
95269

Purpose of Disbursement

011

Category/
Type

Candidate Name

McNerney, Jerry, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 09

Date of Disbursement

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

FEC Identification Number

C C00398644

Transaction ID : 76692367

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

City
Dearborn

State
MI

Zip Code
48124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dingell, Debbie, Insley, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

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

FEC Identification Number

C C00558213

Transaction ID : 76692368

Amount of Each Disbursement this Period

1500.00

Memo Item

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"/> 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. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 07 | | | 2017 | | | |

FEC Identification Number

C C00408534

Transaction ID : 76692369

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City
Chattanooga

State
TN

Zip Code
37401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fleischmann, Charles, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TN District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 07 | | | 2017 | | | |

FEC Identification Number

C C00461822

Transaction ID : 76692370

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 999

City
Edison

State
NJ

Zip Code
08818

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lance, Leonard, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 07 | | | 2017 | | | |

FEC Identification Number

C C00444224

Transaction ID : 76692372

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. Brian Mast For Congress

Mailing Address 2600 S Douglas Rd Ste 900

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

011

Category/Type

Candidate Name

Mast, Brian, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00579896

Transaction ID : 76692374

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McCaul for Congress

Mailing Address 815 A Brazos Street PMB 230

City Austin State TX Zip Code 78701

Purpose of Disbursement

011

Category/Type

Candidate Name

McCaul, Michael, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 10

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C

Transaction ID : 76692375

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/Type

Candidate Name

Shimkus, John, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00258855

Transaction ID : 76692376

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. 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

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00390831

Transaction ID : 76692377

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Thornberry For Congress Committee

Mailing Address PO Box 9392

City
Amarillo

State
TX

Zip Code
79105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thornberry, Mac, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: TX

District: 13

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00286187

Transaction ID : 76692378

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City
Laurens

State
SC

Zip Code
29360

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duncan, Jeff, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: SC

District: 03

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00460550

Transaction ID : 76692379

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

30500.00