

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 12 / 01 / 2017 through 12 / 31 / 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 01 / 25 / 2018

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)

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.....	557563.00	
(c) Total Receipts (from Line 19)	61550.29	595777.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	619113.29	1050479.69
7. Total Disbursements (from Line 31).....	78000.00	509366.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	541113.29	541113.29
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: 12 / 01 / 2017 To: 12 / 31 / 2017

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).....	43477.32	315961.97
(ii) Unitemized	17976.44	278894.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61453.76	594856.14
(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)	61453.76	594856.14
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.).....	96.53	921.76
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)).....▶	61550.29	595777.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61550.29	595777.90

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.....	78000.00	507500.00
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)) ..	78000.00	509366.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78000.00	509366.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61453.76	594856.14
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61453.76	594256.14
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 90
	<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

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. 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 ▼ 314.62

Date of Receipt 12 / 05 / 2017
Transaction ID : 76847992
 Amount of Each Receipt this Period 10.42
 Memo Item

B. Boissonnault, 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 ▼ 1158.41

Date of Receipt 12 / 05 / 2017
Transaction ID : 76847996
 Amount of Each Receipt this Period 41.67
 Memo Item

c. 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 ▼ 966.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 76847997
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.09
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 7 OF 90
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76848000

Amount of Each Receipt this Period
20.84

Memo Item

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

Name of Employer (for Individual) APTA	Occupation (for Individual) Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76848001

Amount of Each Receipt this Period
20.84

Memo Item

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

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
479.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76848002

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 8 OF 90
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76848003

Amount of Each Receipt this Period

20.84

 Memo Item

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

Name of Employer (for Individual) APTA	Occupation (for Individual) Lobbyist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76848005

Amount of Each Receipt this Period

20.84

 Memo Item

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

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76848011

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 9 OF 90
	<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. 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 ▼ 499.32

Date of Receipt 12 / 05 / 2017
Transaction ID : 76848013
 Amount of Each Receipt this Period 20.84
 Memo Item

B. 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 ▼ 2300.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 76848014
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 479.32

Date of Receipt 12 / 05 / 2017
Transaction ID : 76848016
 Amount of Each Receipt this Period 20.84
 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 10 OF 90
<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. Coleman, Shauna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 726
 City Quilcene State WA Zip Code 98376-0726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olympic Peninsula Physical Therapy 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
 12 / 07 / 2017
Transaction ID : 76872556
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Johnson, Michael, P., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 General Lafayette Rd
 City Merion Station State PA Zip Code 19066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health 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
 12 / 06 / 2017
Transaction ID : 76884413
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Radosevich, Lydia, C., Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 Mechem Dr
 City Ruidoso State NM Zip Code 88345-6813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ruidoso Physical Therapy 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
 12 / 11 / 2017
Transaction ID : 76885743
 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 11 OF 90
	<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. Weaver, Daniel, Todd, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 33rd St S
 STE 210
 City Saint Cloud State MN Zip Code 56301-9668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Star 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
 12 / 12 / 2017
Transaction ID : 76887458
 Amount of Each Receipt this Period
 250.00
 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) San Luis Sports Therapy & Orthopedic R 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
 12 / 12 / 2017
Transaction ID : 76887479
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Gunn, Jeanine, Marie, Dr,
 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) 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
 12 / 12 / 2017
Transaction ID : 76887482
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 90
<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. Roberts, Brett, Alan, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 196 Wilson St

City Amherst	State WI	Zip Code 54406-9040
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Roberts Therapy	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
12	/	12	/	2017

Transaction ID : 76887485

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 916 W Minnehaha Pkwy

City Minneapolis	State MN	Zip Code 55419-1221
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : 76887488

Amount of Each Receipt this Period
100.00

Memo Item

C. 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
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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 ▼
2310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : 76887501

Amount of Each Receipt this Period
210.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 90
	<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. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 76887502
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 76887504
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Fauchaux, 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 ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 76887506
 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 14 OF 90
<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. 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 ▼ 940.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 76887511
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 470.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 76887512
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 2508.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 76887513
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	359.00
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 90
	<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. 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 ▼ 1250.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 76887514
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 900.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 76887515
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 370.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 76887518
 Amount of Each Receipt this Period 45.00
 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 16 OF 90
<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. Larsen, Deborah, Sue, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5842 Chatterfield Dr

City Dublin	State OH	Zip Code 43017-2578
----------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State Univ SAMP	Occupation (for Individual) PT
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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
12	/	12	/	2017

Transaction ID : 76887519

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6505 N 29th St

City Phoenix	State AZ	Zip Code 85016-8945
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : 76887520

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 304 Coco Plum St

City Marathon	State FL	Zip Code 33050-3803
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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 M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : 76887521

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 90
	<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"/>	<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. Carrothers, LeeAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6730 Paula Pl
 City Anchorage State AK Zip Code 99507-6734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alaska, Anchorage Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 76887523
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Kraemer, Christopher, C., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4385 45th Ave S
 City Fargo State ND Zip Code 58104-3922
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 76887525
 Amount of Each Receipt this Period
 125.00
 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) Specialized Physical Therapy 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
 12 / 12 / 2017
Transaction ID : 76887887
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 90
	<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. Leonardi, Amelia, Finley, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 406 State St

City New Orleans	State LA	Zip Code 70118-5739
---------------------	-------------	------------------------

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

Name of Employer (for Individual) DCC University	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
12		12		2017

Transaction ID : 76892038

Amount of Each Receipt this Period
250.00

Memo Item

B. Mirza, Khalid, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7600 Sw 8th St

City Miami	State FL	Zip Code 33144-4462
---------------	-------------	------------------------

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

Name of Employer (for Individual) Palmetto SubAcute Care Ctr	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
12		12		2017

Transaction ID : 76892039

Amount of Each Receipt this Period
250.00

Memo Item

C. Dickie, Scott, Allan, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19223 Point O Woods Ct

City Baton Rouge	State LA	Zip Code 70809-6728
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Peak Performance 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
12		12		2017

Transaction ID : 76892040

Amount of Each Receipt this Period
1000.00

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 19 OF 90
	<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. Bardarson, Trevor, David, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Apache Rd

City Houma	State LA	Zip Code 70360-6042
---------------	-------------	------------------------

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

Name of Employer (for Individual) ISR Physical Therapy	Occupation (for Individual) PT
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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
12	/	15	/	2017

Transaction ID : 76923530

Amount of Each Receipt this Period
1000.00

Memo Item

B. Rosen, Julie, Lee, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Unit 806
1570 Elmwood Ave

City Evanston	State IL	Zip Code 60201-4577
------------------	-------------	------------------------

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

Name of Employer (for Individual) Sava Senior Care	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : 76923532

Amount of Each Receipt this Period
100.00

Memo Item

C. Grove, Ann, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 884 Hanlon Way

City Benicia	State CA	Zip Code 94510-3653
-----------------	-------------	------------------------

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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 76936462

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1160.00
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 90
	<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. Ward, R. Scott, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1064 S Crestview Cir
 City Salt Lake City State UT Zip Code 84108-2007
 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 ▼ 520.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 76936544
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Larmore, Joel, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11623 Arbor St
 City Omaha State NE Zip Code 68144-2981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rehab Visions Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 76936558
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cassabaum, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25870 Country Club Rd
 City Nevada State IA Zip Code 50201-7405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 21st Century Rehab Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 76936598
 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 21 OF 90
<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. Chin, Maisie, Violet, Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5810 Wyndemere Ln

City Stone Mountain	State GA	Zip Code 30087-2529
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Soverign Rehabilitation of Cumming	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
12		19		2017

Transaction ID : 76936613

Amount of Each Receipt this Period

500.00

 Memo Item

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

Mailing Address 1184 Shadow Peak Rd

City Forest	State VA	Zip Code 24551-2665
----------------	-------------	------------------------

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

Name of Employer (for Individual) Rehab Associates of Central Virginia	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Transaction ID : 76936630

Amount of Each Receipt this Period

715.00

 Memo Item

C. Richardson, Michael, Powell, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 Kingston Dr

City Forest	State VA	Zip Code 24551-2336
----------------	-------------	------------------------

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

Name of Employer (for Individual) Rehabilitation Associates of Central V	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Transaction ID : 76936643

Amount of Each Receipt this Period

715.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1930.00
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 90
<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. Spagnolo, Joseph, William, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1311 Valley Vista Ln

City Forest	State VA	Zip Code 24551-4369
----------------	-------------	------------------------

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

Name of Employer (for Individual) Rehabilitation Associates of Central V	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 76936660

Amount of Each Receipt this Period
715.00

Memo Item

B. Bailey, Joshua, Allen, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1197 Carnegie Pl

City Forest	State VA	Zip Code 24551-2762
----------------	-------------	------------------------

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

Name of Employer (for Individual) Rehabilitation Associates of Central V	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 76936692

Amount of Each Receipt this Period
715.00

Memo Item

C. Hunt, Harrison, Fleming, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1126 Richie Farm Ln

City Big Island	State VA	Zip Code 24526-3244
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Rehabilitation Associates of Central V	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 76936711

Amount of Each Receipt this Period
715.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2145.00
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 90
	<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. Cope, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 Oakwood Dr Ste B
 City Madison Heights State VA Zip Code 24572-3001
 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 ▼ 715.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 76936726
 Amount of Each Receipt this Period 715.00
 Memo Item

B. Tatom, Andrew, J., Dr, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 Oak Park Pl
 City Lynchburg State VA Zip Code 24503-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RACV Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 76936739
 Amount of Each Receipt this Period 715.00
 Memo Item

C. Erstad, Brooke, Erin, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6522 45h Ave S
 City Fargo State ND Zip Code 58104-4236
 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 ▼ 100.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 76936807
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1530.00
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 90
<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. Erstad, Brooke, Erin, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6522 45h Ave S

City Fargo	State ND	Zip Code 58104-4236
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Apex Physical Therapy	Occupation (for Individual) PT
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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
12	/	21	/	2017

Transaction ID : 76936839

Amount of Each Receipt this Period
 150.00

Memo Item

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

Mailing Address 219 North Trl

City Hawthorn Woods	State IL	Zip Code 60047-7718
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Diamond 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
12	/	21	/	2017

Transaction ID : 76936860

Amount of Each Receipt this Period
 500.00

Memo Item

C. Lieb-Lundell, Cornelia, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5567 Chelsea Ave

City La Jolla	State CA	Zip Code 92037-7609
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Augustine University - San Diego	Occupation (for Individual) PT
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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
12	/	01	/	2017

Transaction ID : 76949145

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 90
<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. 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 ▼ 325.04

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949159
 Amount of Each Receipt this Period 10.42
 Memo Item

B. Boissonault, 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 ▼ 1200.08

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949163
 Amount of Each Receipt this Period 41.67
 Memo Item

c. 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 ▼ 1008.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949166
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.09
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 26 OF 90
	<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. 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 ▼ 500.16

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949169
 Amount of Each Receipt this Period 20.84
 Memo Item

B. 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 ▼ 500.16

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949171
 Amount of Each Receipt this Period 20.84
 Memo Item

C. 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 ▼ 500.16

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949172
 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 27 OF 90
	<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"/>	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 76949173

Amount of Each Receipt this Period
20.84

Memo Item

B. 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 76949228

Amount of Each Receipt this Period
20.84

Memo Item

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

Name of Employer (for Individual) APTA	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 76949239

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 28 OF 90
	<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"/>	<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. 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 ▼ 520.16

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949291
 Amount of Each Receipt this Period 20.84
 Memo Item

B. 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 ▼ 2400.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949293
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Neas, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4804 Newport Avenue
 City Bethesda State MD Zip Code 20816-2925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949295
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.51
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 90
<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 ▼ 500.16

Date of Receipt 12 / 20 / 2017
Transaction ID : 76949296
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Mann, Judith, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17555 Collins Ave Apt 2505
 City Sunny Isles Beach State FL Zip Code 33160-2889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jackson North Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 76951905
 Amount of Each Receipt this Period 500.00
 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 ▼ 600.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 76961474
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.84
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 30 OF 90
	<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. Newton, Scott, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 S 3rd St

City Pulaski	State TN	Zip Code 38478-3806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Maury Regional Hospital	Occupation (for Individual) PT
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 76961475

Amount of Each Receipt this Period
270.00

Memo Item

B. Goddard, Amy, Louise, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1199 S Belt Line Rd Ste 140

City Coppell	State TX	Zip Code 75019-7610
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Goddard Orthopedic and Sports 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
12		10		2017

Transaction ID : 76961476

Amount of Each Receipt this Period
1000.00

Memo Item

C. Darling, Jean, Ann, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 S Bartlett St

City Shawano	State WI	Zip Code 54166-2701
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

Transaction ID : 76961483

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1370.00
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 90
	<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. Wong, Rita, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Unit 505
 3800 N Fairfax Dr
 City Arlington State VA Zip Code 22203-1795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marymount University 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
 12 / 14 / 2017
Transaction ID : 76961494
 Amount of Each Receipt this Period
 250.00
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2017
Transaction ID : 76961499
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. 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 ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2017
Transaction ID : 76961501
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 90
<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. Seif, Gretchen, A., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1970 Pierce St

City Daniel Island	State SC	Zip Code 29492-7988
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MUSC	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

Transaction ID : 76961607

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 1577 Winnetka Rd

City Glenview	State IL	Zip Code 60025-1821
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwestern University	Occupation (for Individual) PT
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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
12	/	19	/	2017

Transaction ID : 76961613

Amount of Each Receipt this Period
1000.00

Memo Item

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

Name of Employer (for Individual) Appalachian Therapy	Occupation (for Individual) PT
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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
12	/	20	/	2017

Transaction ID : 76961614

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1175.00
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 90
	<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. Henderson, Jerry, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 Sw 3rd Ave Ste 400

City Portland	State OR	Zip Code 97204-2493
------------------	-------------	------------------------

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
12	/	21	/	2017

Transaction ID : 76961616

Amount of Each Receipt this Period
1000.00

Memo Item

B. Smith, Phillip, Joseph, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 429

City Moberly	State MO	Zip Code 65270-0429
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

Transaction ID : 76961617

Amount of Each Receipt this Period
2500.00

Memo Item

C. Studer, Mike, T., Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5381 Woodscape Dr Se

City Salem	State OR	Zip Code 97306-1091
---------------	-------------	------------------------

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

Name of Employer (for Individual) Northwest Rehab	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
12	/	21	/	2017

Transaction ID : 76961619

Amount of Each Receipt this Period
800.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4300.00
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 90
<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. Jones, Bart, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2830 Marye St

City Alexandria	State LA	Zip Code 71301-4926
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Louisiana 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
12	/	21	/	2017

Transaction ID : 76961625

Amount of Each Receipt this Period
500.00

Memo Item

B. Nelson, Kristal, Kay, Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1492

City Fuquay Varina	State NC	Zip Code 27526-1492
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Back in Action, Inc.	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
12	/	21	/	2017

Transaction ID : 76961626

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6224 Windy Oaks

City Alexandria	State LA	Zip Code 71301-2857
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Elite 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
12	/	21	/	2017

Transaction ID : 76961627

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 35 OF 90
	<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. 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 ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : 76961630

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : 76961631

Amount of Each Receipt this Period
50.00

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : 76961632

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 36 OF 90
<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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

Transaction ID : 76961633

Amount of Each Receipt this Period
50.00

Memo Item

B. Odom, Corrie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1434 Cole Mill Rd

City Durham	State NC	Zip Code 27705-2467
----------------	-------------	------------------------

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

Name of Employer (for Individual) Duke University	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
12	/	22	/	2017

Transaction ID : 76961634

Amount of Each Receipt this Period
100.00

Memo Item

C. 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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

Transaction ID : 76961635

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 37 OF 90
	<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. 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 ▼ 504.00

Date of Receipt 12 / 22 / 2017
Transaction ID : 76961636
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 700.00

Date of Receipt 12 / 22 / 2017
Transaction ID : 76961637
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 250.00

Date of Receipt 12 / 22 / 2017
Transaction ID : 76961638
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	167.00
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 38 OF 90
	<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. Yamada Soto, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2041 Bancroft Way Ste 301
 City Berkeley State CA Zip Code 94704-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berkeley Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 24 / 2017
Transaction ID : 76962707
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Prost, Evan, Lawrence, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1404 Gary St
 City Columbia State MO Zip Code 65203-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Missouri Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 25 / 2017
Transaction ID : 76962708
 Amount of Each Receipt this Period 300.00
 Memo Item

C. McKittrick-Bandy, Beth, , Ms,
 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) Arkansas Children's Hospital Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2017
Transaction ID : 76962712
 Amount of Each Receipt this Period 50.00
 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 39 OF 90
	<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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 76962714

Amount of Each Receipt this Period
50.00

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 76962715

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
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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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 76962716

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 40 OF 90
	<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. 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 ▼ 783.34

Date of Receipt 12 / 08 / 2017
Transaction ID : 76962717
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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 ▼ 900.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 76962718
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Barrickman, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O box 808
 City Santa Barbara State CA Zip Code 93102-0808
 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 ▼ 1000.00

Date of Receipt 12 / 16 / 2017
Transaction ID : 76962720
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	641.67
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 41 OF 90
	<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"/>	<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, 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 ▼ 520.00

Date of Receipt 12 / 17 / 2017
Transaction ID : 76962722
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 630.00

Date of Receipt 12 / 18 / 2017
Transaction ID : 76962727
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 2500.00

Date of Receipt 12 / 18 / 2017
Transaction ID : 76962728
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 90
	<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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : 76962730
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : 76962731
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 505.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : 76962732
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.00
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 90
	<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. 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
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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 ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : 76966031

Amount of Each Receipt this Period
20.84

Memo Item

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

Mailing Address 586 Shepard St

City Rhineland	State WI	Zip Code 54501-3552
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : 76966032

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 1170 Everett Rd

City Eagle River	State WI	Zip Code 54521-8781
---------------------	-------------	------------------------

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 ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : 76966033

Amount of Each Receipt this Period
20.84

Memo Item

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 44 OF 90
	<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. Groschan, James, Carroll, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2328 W JOPPA RD STE 300
 STE 300
 City Lutherville State MD Zip Code 21093-4685
 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 M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : 76966871
 Amount of Each Receipt this Period
 500.00
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 76967506
 Amount of Each Receipt this Period
 42.00
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 76967507
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
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 90
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Martel, Julie, Marie, Mrs,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2017
Mailing Address 36902 Lamphier St		Transaction ID : 76967508
City Harrison Township	State MI	Zip Code 48045-2924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer (for Individual) Healthquest 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 ▼ 252.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ames, Timothy, Joseph, Mr,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2017
Mailing Address 53777 Regency Hills Ct		Transaction ID : 76967509
City Shelby Township	State MI	Zip Code 48316-2048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer (for Individual) Healthquest 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 ▼ 231.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Forfinski, Scott, M., ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2017
Mailing Address 1773 Star Batt Dr		Transaction ID : 76967510
City Rochester Hills	State MI	Zip Code 48309-3708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer (for Individual) Healthquest 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 ▼ 231.00	

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 46 OF 90
	<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. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967511
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967512
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967513
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 90
	<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"/>	<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. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967514
 Amount of Each Receipt this Period 21.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967518
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967519
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 90
	<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"/>	<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. Hall, Caitlin, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 Stamford Dr
 City West Bloomfield State MI Zip Code 48323-2664
 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 ▼ 273.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967520
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Rule, Nicole, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56325 Cannon Creek Rd
 City Utica State MI Zip Code 48316-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KSS of Shelby Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967522
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Klimek, Kimberly, S., ,
 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) KSS of Shelby Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967523
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 90
	<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. WHITE, ALEXANDER, , ,
 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 Inc. Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967524
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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) KSS of Shelby Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967525
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967526
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 126.00
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 90
	<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. 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) Occupation (for Individual)
 KRS of Clawson PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 76967529
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. 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) Occupation (for Individual)
 KRS of Clawson PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 76967530
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. 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) Occupation (for Individual)
 Healthquest Physical Therapy PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 76967531
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 90
<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. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967532
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967533
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967536
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
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 90
	<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. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967537
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967538
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967539
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
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 90
<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. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967540
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967541
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967542
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
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 54 OF 90
<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. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967543
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 76967544
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Asti, Heather, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2836 River Trail Dr
 City Rochester Hills State MI Zip Code 48309-3201
 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 12 / 27 / 2017
Transaction ID : 76967545
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
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 90
<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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : 76967672

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : 76967674

Amount of Each Receipt this Period
100.00

Memo Item

C. 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 ▼
1100.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : 76967675

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 56 OF 90
<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 ▼ 930.00

Date of Receipt 12 / 28 / 2017
Transaction ID : 76967676
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Howell, Alan, J., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Kennedy Ave
 City Cincinnati State OH Zip Code 45213-2664
 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 12 / 28 / 2017
Transaction ID : 76967678
 Amount of Each Receipt this Period 50.00
 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 ▼ 1000.00

Date of Receipt 12 / 28 / 2017
Transaction ID : 76967710
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 90
	<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. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

Transaction ID : 76967713

Amount of Each Receipt this Period
250.00

Memo Item

B. Sims, Peter, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 834 Judson Ave Apt 1

City Evanston	State IL	Zip Code 60202-2410
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ayuda Rehab & Wellness, 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
12		28		2017

Transaction ID : 76967715

Amount of Each Receipt this Period
100.00

Memo Item

C. Newby, Michael, Ray, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5600 McKai Dr

City Eau Claire	State WI	Zip Code 54703-2000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwoods Therapy Associates	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
12		28		2017

Transaction ID : 76997549

Amount of Each Receipt this Period
250.00

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 58 OF 90
<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. Stout, Nicole, Lynn, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7458 Albert Tillinghast Dr

City Sarasota	State FL	Zip Code 34240-8687
------------------	-------------	------------------------

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

Name of Employer (for Individual) NIH	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
12	/	28	/	2017

Transaction ID : 76997588

Amount of Each Receipt this Period
250.00

Memo Item

B. Finnegan, Michelle, Beth, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 Grandin Ave

City Rockville	State MD	Zip Code 20850-4104
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Bethesda Physiocare	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
12	/	28	/	2017

Transaction ID : 76997591

Amount of Each Receipt this Period
50.00

Memo Item

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

Name of Employer (for Individual) PT Pros	Occupation (for Individual) PT
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 76997594

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 59 OF 90
<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. Godges, Joseph, John, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5083 University Dr

City Santa Barbara	State CA	Zip Code 93111-1859
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Jackson Clinics	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
12	/	29	/	2017

Transaction ID : 76997982

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 6913 Nubian Ln

City Austin	State TX	Zip Code 78739-2203
----------------	-------------	------------------------

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

Name of Employer (for Individual) Texas State University	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : 76998040

Amount of Each Receipt this Period
1000.00

Memo Item

C. Jannenga, Heidi, Doune, Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1031 W Valley View Dr

City Phoenix	State AZ	Zip Code 85041-8358
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Web PT	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : 76998041

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 60 OF 90
	<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. 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) Cary Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 27 / 2017
Transaction ID : 77002684
 Amount of Each Receipt this Period 83.34
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 77002685
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 77002771
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.34
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 61 OF 90
<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. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 77003309

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 77003310

Amount of Each Receipt this Period
50.00

Memo Item

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

Name of Employer (for Individual) University of Central Arkansas	Occupation (for Individual) PT
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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
12	/	29	/	2017

Transaction ID : 77003311

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 62 OF 90
	<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. Euype, Ervin, Scott, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1454 Rosewood Ave
 City Lakewood State OH Zip Code 44107-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 77003312
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Edwards, Dana, Marie, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 77003313
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Graham, Patrick, Donovan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6453 Spring Water Dr
 City Columbus State GA Zip Code 31904-2982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HPRC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 77003314
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 63 OF 90
	<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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

Transaction ID : 77003316

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

Transaction ID : 77003317

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 6 Bentridge 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

Transaction ID : 77003368

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 64 OF 90
	<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. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 77003369
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lesko, Jennifer, Ann, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3710 Sw Cloverdale St
 City Seattle State WA Zip Code 98126-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 77003370
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 77003482
 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 65 OF 90
<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. 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 ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 77003483

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 77003484

Amount of Each Receipt this Period
50.00

Memo Item

C. McMenamin, Peter, J., Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 N Garland Ct
Apt 3805

City Chicago	State IL	Zip Code 60602-4836
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Northwestern University	Occupation (for Individual) PT
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 77003485

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 90
	<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. Johnson, Andrea, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7520 Parktrace Ln Se
 City Owens Cross Roads State AL Zip Code 35763-8812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nesin Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 77003538
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rothman, Jeffrey, Stephen, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 Sandusky St
 City Pittsburgh State PA Zip Code 15212-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 77003539
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 1170.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 77003541
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 67 OF 90
<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. 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 ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 77003542

Amount of Each Receipt this Period
100.00

Memo Item

B. Bebendorf, Karl, Ronald, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 352 S Emerson St

City Denver	State CO	Zip Code 80209-2214
----------------	-------------	------------------------

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

Name of Employer (for Individual) Atlas 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
12	/	11	/	2017

Transaction ID : 77007457

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3650 Everett Dr

City Manhattan	State KS	Zip Code 66503-8131
-------------------	-------------	------------------------

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

Transaction ID : 77007468

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 68 OF 90
	<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. Pariser, Gina, Lynne, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5319 Manor Ct

City Crestwood	State KY	Zip Code 40014-8845
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Bellarmine University	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
12		11		2017

Transaction ID : 77007478

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 9954 Southwyck Ave Nw

City North Canton	State OH	Zip Code 44720-9837
----------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Tennessee-Memphis	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
12		14		2017

Transaction ID : 77007482

Amount of Each Receipt this Period
500.00

Memo Item

C. Rockar, Paul, A., Dr, Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3911 Murry Highlands Cir

City Murrysville	State PA	Zip Code 15668-1734
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UPMC	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2930.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

Transaction ID : 77007483

Amount of Each Receipt this Period
250.00

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 69 OF 90
	<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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : 77058421

Amount of Each Receipt this Period
100.00

Memo Item

B. Craik, Rebecca, Lynn, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Oberholtzer Rd

City Gilbertsville	State PA	Zip Code 19525-8619
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Arcadia University	Occupation (for Individual) PT
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

Transaction ID : 77058427

Amount of Each Receipt this Period
100.00

Memo Item

C. Floberg, Jill, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 7683

City Olympia	State WA	Zip Code 98507-7683
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : 77058432

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 90
<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. Karges, Joy, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 S Horizon Ln
 City Sioux Falls State SD Zip Code 57106-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of South Dakota 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
 12 / 29 / 2017
Transaction ID : 77058441
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Spielholz, Neil, I., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2111 Wingate Bnd
 City Wellington State FL Zip Code 33414-6253
 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
 12 / 29 / 2017
Transaction ID : 77058463
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Milder, James, C., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27W132 Churchill Rd
 City Winfield State IL Zip Code 60190-1089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milder & Associates 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
 12 / 19 / 2017
Transaction ID : 77058478
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	43477.32

**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 90
<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. 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 ▼
646.69

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 77020868

Amount of Each Receipt this Period
65.24

Memo Item

B. 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 ▼
275.07

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 77020885

Amount of Each Receipt this Period
31.29

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).....	96.53
TOTAL This Period (last page this line number only).....	96.53

**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. Van Taylor Campaign

Mailing Address 1900 Preston Road #267 - Pmb 229

City Plano State TX Zip Code 75093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Taylor, Nicholas, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00653634

Transaction ID : 76845884

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Treasure State PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Treasure State PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00433680

Transaction ID : 76845907

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Comer For Congress

Mailing Address P.O. Box 338

City Tompkinsville State KY Zip Code 42167

Purpose of Disbursement

011

Category/
Type

Candidate Name

Comer, James, , Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00588764

Transaction ID : 76845931

Amount of Each Disbursement this Period

1000.00

Memo Item

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

9000.00

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. Lone Star Leadership PAC

Mailing Address P.O. Box 30844

City
Bethesda

State
MD

Zip Code
20824

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lone Star Leadership PAC

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00415208

Transaction ID : 76845932

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Napolitano For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Napolitano, Grace, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: CA

District: 34

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00334706

Transaction ID : 76845933

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Young For Iowa, Inc.

Mailing Address PO Box 162

City
Van Meter

State
IA

Zip Code
50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, David, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: IA

District: 03

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00545616

Transaction ID : 76845934

Amount of Each Disbursement this Period

2000.00

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. Thom Tillis Committee

Mailing Address PO Box 97396

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tillis, Thom, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NC

District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00545772

Transaction ID : 76845985

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Gregory, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: OR

District: 02

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00333427

Transaction ID : 76846097

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kathleen Rice For Congress

Mailing Address PO Box 744

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rice, Kathleen, M., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NY

District: 04

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00555813

Transaction ID : 76846098

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).....▶

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. David Scott For Congress

Mailing Address P.O. Box 960821

City
Riverdale

State
GA

Zip Code
30296

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00369801

Transaction ID : 76846099

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 24 East 93rd Street, 4b

City
New York

State
NY

Zip Code
10128

Purpose of Disbursement

011

Category/
Type

Candidate Name

Maloney, Carolyn, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00273169

Transaction ID : 76846100

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City
Oregon City

State
OR

Zip Code
97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00446906

Transaction ID : 76846101

Amount of Each Disbursement this Period

1000.00

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. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frelinghuysen, Rodney, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00299404

Transaction ID : 76846102

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Nadler For Congress

Mailing Address 200 West 79th Street, #8n

City New York State NY Zip Code 10024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nadler, Jerrold, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 08

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00290825

Transaction ID : 76846103

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement

011

Category/
Type

Candidate Name

Slaughter, Louise, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 28

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00213611

Transaction ID : 76846104

Amount of Each Disbursement this Period

1000.00

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. Don Bacon For Congress

Mailing Address P.O. Box 391368

City
Omaha

State
NE

Zip Code
68139

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bacon, Donald, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NE

District: 02

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00575167

Transaction ID : 76846105

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Doyle For Congress Committee

Mailing Address 205 Hawthorne Ct

City
Pittsburgh

State
PA

Zip Code
15221

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doyle, Michael, F., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: PA

District: 14

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00290064

Transaction ID : 76846106

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 906

City
Marietta

State
OH

Zip Code
45750

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OH

District: 06

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00476820

Transaction ID : 76846107

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. Scott Peters For Congress

Mailing Address PO Box 22074

City
San Diego

State
CA

Zip Code
92192

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peters, Scott, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00503110

Transaction ID : 76846108

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Henry Hank Johnson

Mailing Address 4153 Flat Shoals Parkway
Suite 322, Building C, 2nd Floor

City
Decatur

State
GA

Zip Code
30034

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Hank, C., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: GA District: 04

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00418293

Transaction ID : 76846109

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City
Burlington

State
VT

Zip Code
05402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Welch, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00413179

Transaction ID : 76846110

Amount of Each Disbursement this Period

1000.00

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. Nita Lowey For Congress

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lowey, Nita, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C C00219881

Transaction ID : 76846111

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sanford Bishop For Congress

Mailing Address P O Box 909

City
Columbus

State
GA

Zip Code
31902

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bishop, Sanford, D., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C C00266940

Transaction ID : 76846144

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
12			04			2017			

FEC Identification Number

C C00512236

Transaction ID : 76846158

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

4000.00

**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. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael C., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00372532

Transaction ID : 76846160

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. I Like Luke

Mailing Address PO Box 917

City
Shelbyville

State
IN

Zip Code
46176

Purpose of Disbursement

011

Category/
Type

Candidate Name

Messer, Luke, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00460667

Transaction ID : 76846161

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Comstock For Congress

Mailing Address PO Box 831

City
Mc Lean

State
VA

Zip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Comstock, Barbara, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00554261

Transaction ID : 76846162

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)..... ▶

6500.00

**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. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage

State AK

Zip Code 99510

Purpose of Disbursement

011

Category/Type

Candidate Name

Murkowski, Lisa, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: AK

District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00384529

Transaction ID : 76846163

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara

State CA

Zip Code 93102

Purpose of Disbursement

011

Category/Type

Candidate Name

Carbajal, Salud, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: CA

District: 24

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00576041

Transaction ID : 76846164

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton

State MI

Zip Code 48116

Purpose of Disbursement

011

Category/Type

Candidate Name

Bishop, Michael, D., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MI

District: 08

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00561001

Transaction ID : 76846165

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. Paul Gosar For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

Mailing Address PO Box 2967

City
Prescott

State
AZ

Zip Code
86302

FEC Identification Number

C	C00461806
---	-----------

Transaction ID : 76846166

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gosar, Paul, A., Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ

District: 04

Full Name (Last, First, Middle Initial)

B. Walters For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

Mailing Address 9070 Irvine Center Drive, #150

City
Irvine

State
CA

Zip Code
92618

FEC Identification Number

C	C00546853
---	-----------

Transaction ID : 76846168

Amount of Each Disbursement this Period

1500.00

Memo Item

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA

District: 45

Full Name (Last, First, Middle Initial)

C. AMERI PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

Mailing Address 499 South Capitol Street, SW
Suite 414

City
Washington

State
DC

Zip Code
20003

FEC Identification Number

C	
---	--

Transaction ID : 76846169

Amount of Each Disbursement this Period

2500.00

Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kuster For Congress, Inc

Mailing Address PO Box 1498

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kuster, Ann, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C C00462861

Transaction ID : 76846215

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Ryan For Congress

Mailing Address PO Box 189

City
Niles

State
OH

Zip Code
44446

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ryan, Timothy J. (Tim), , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C C00373464

Transaction ID : 76846266

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buddy Carter For Congress

Mailing Address PO Box 10570

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carter, Earl, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C C00543967

Transaction ID : 76846267

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. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cummings, Elijah, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00310318

Transaction ID : 76846268

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Patriots For Perry

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perry, Scott, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 04

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00510164

Transaction ID : 76846269

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Poliquin For Congress

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement

011

Category/
Type

Candidate Name

Poliquin, Bruce, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00518654

Transaction ID : 76846270

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

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<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. Suozzi For Congress

Mailing Address PO Box 669

City: Glen Cove State: NY Zip Code: 11542

Purpose of Disbursement

011
Category/Type

Candidate Name
Suozzi, Thomas, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: NY District: 03

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00607200

Transaction ID : 76846271

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 410 1st St, Se Suite 310

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement

011
Category/Type

Candidate Name
Cardenas, Tony, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 29

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00498873

Transaction ID : 76846272

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Mailing Address PO Box 414

City: Scranton State: PA Zip Code: 18501

Purpose of Disbursement

011
Category/Type

Candidate Name
Cartwright, Matt, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: PA District: 17

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C C00509968

Transaction ID : 76846274

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**

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<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. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement

011

Category/Type

Candidate Name

Norcross, Donald, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00558320

Transaction ID : 76846275

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

011

Category/Type

Candidate Name

Schneider, Bradley, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00495952

Transaction ID : 76846276

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/Type

Candidate Name

Paulsen, Erik, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00439661

Transaction ID : 76846278

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**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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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. Gallego For Arizona

Mailing Address PO Box 1710

City
Phoenix

State
AZ

Zip Code
85001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gallego, Ruben, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: AZ

District: 07

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00558627

Transaction ID : 76846279

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress

Mailing Address PO Box 2145

City
West Columbia

State
SC

Zip Code
29171

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wilson, Joe, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: SC

District: 02

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00368522

Transaction ID : 76846281

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address PO Box 823047

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sessions, Pete, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: TX

District: 05

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C00303305

Transaction ID : 76846282

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. Dan Lipinski For Congress

Mailing Address P.O. Box 520

City
Western Springs

State
IL

Zip Code
60558

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lipinski, Daniel, William, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00405431

Transaction ID : 76846284

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dwight Evans For Congress

Mailing Address PO Box 6578

City
Philadelphia

State
PA

Zip Code
19138

Purpose of Disbursement

011

Category/
Type

Candidate Name

Evans, Dwight, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00591065

Transaction ID : 76846286

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nolan For Congress Volunteer Committee

Mailing Address PO Box 255

City
Duluth

State
MN

Zip Code
55801

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nolan, Richard, Michael, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2017

FEC Identification Number

C C00499053

Transaction ID : 76846287

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**

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<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. Palazzo For Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement

Category/
Type

Candidate Name
Palazzo, Steven, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: MS District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 76846288

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

Category/
Type

Candidate Name
Scalise, Steve, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: LA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 76846340

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Category/
Type

Candidate Name
Thompson, C Michael, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 76846341

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wasserman-Schultz, Debbie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

C C00385773

Transaction ID : 76887447

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City
Las Vegas

State
NV

Zip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heller, Dean, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

C C00494229

Transaction ID : 76887448

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murphy, Christopher, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Convention2018

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

C C00492645

Transaction ID : 76887450

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)..... ▶

78000.00