

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		497652.27
(b) Cash on Hand at Beginning of Reporting Period.....	391887.41	
(c) Total Receipts (from Line 19)	45125.06	221499.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	437012.47	719151.55
7. Total Disbursements (from Line 31).....	47740.00	329879.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	389272.47	389272.47
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20779.84	95206.18
(ii) Unitemized	24307.82	124098.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45087.66	219304.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	45087.66	219304.38
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.40	194.90
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))..... ▶	45125.06	221499.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45125.06	221499.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47740.00	325240.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	500.00
29. Other Disbursements	0.00	4139.08
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47740.00	329879.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47740.00	329879.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45087.66	219304.38
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45087.66	218804.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<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. Dr Sheree Chapman York
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Delcris Ct
 City Birmingham State AL Zip Code 35226-1978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHSYS Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : 59168636
 Amount of Each Receipt this Period
 250.00

B. Dr Stephen Mark Levine
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Nw 12th St
 City Plantation State FL Zip Code 33313-5922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehabilitation Consulting & Resource I Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : 59440988
 Amount of Each Receipt this Period
 500.00

C. Ann Giffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8949 Wesley Pl
 City Knoxville State TN Zip Code 37922-5916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 59580231
 Amount of Each Receipt this Period
 100.00

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 7 OF 51
	<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. Mary Jane Harris
Full Name (Last, First, Middle Initial)
Mailing Address 6500 Langleigh Way
City Alexandria State VA Zip Code 22315-3454
FEC ID number of contributing federal political committee. **C**
Name of Employer APTA Occupation PT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **333.36**

Date of Receipt **05 / 02 / 2014**
Transaction ID : 59580261
Amount of Each Receipt this Period **41.67**

B. Karen Jost
Full Name (Last, First, Middle Initial)
Mailing Address 1338 Fones Rd SE #103
City Olympia State WA Zip Code 98501-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer APTA Occupation PT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **336.00**

Date of Receipt **05 / 02 / 2014**
Transaction ID : 59580266
Amount of Each Receipt this Period **42.00**

C. Justin D Moore
Full Name (Last, First, Middle Initial)
Mailing Address 4819 1st St S
City Arlington State VA Zip Code 22204-1315
FEC ID number of contributing federal political committee. **C**
Name of Employer APTA Occupation PT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **353.36**

Date of Receipt **05 / 02 / 2014**
Transaction ID : 59580270
Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **125.34**
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 8 OF 51
<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. Ms Nancy Louise Reynolds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2502 Sevier St
 City Durham State NC Zip Code 27705-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reynolds Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 05 / 2014
Transaction ID : 59603713
 Amount of Each Receipt this Period
 500.00

B. Ms Susan W. Priestman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6575 N Tioga Way
 City Las Vegas State NV Zip Code 89131-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 05 / 08 / 2014
Transaction ID : 59603714
 Amount of Each Receipt this Period
 100.00

C. Connie Hauser
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 S Main St
 City Barbourville State KY Zip Code 40906-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Physical Therapy & Rehab, Inc Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 05 / 08 / 2014
Transaction ID : 59617913
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
<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. Mr Arthur Clarence Bronsord
 Full Name (Last, First, Middle Initial)
 Mailing Address 16917 Ketocin Church Rd
 City Purcellville State VA Zip Code 20132-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State of the Art Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : 59618357
 Amount of Each Receipt this Period
 200.00

B. Chad M. Novasic
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 Landre Ct
 City Burlington State WI Zip Code 53105-7603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer P.T. Plus Occupation 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
 05 / 15 / 2014
Transaction ID : 59618358
 Amount of Each Receipt this Period
 250.00

C. Jerry Pumphrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Hickory Park Dr Ste 110
 City Glen Allen State VA Zip Code 23059-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progress Rehabilitation Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : 59618360
 Amount of Each Receipt this Period
 250.00

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 10 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Dr Susan A. Appling

Mailing Address Dept of Physical Therapy
930 Madison Ave Room 656

City Memphis State TN Zip Code 38163-0001

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

Name of Employer University of Tennessee Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 59618361

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Rodney A. Miyasaki

Mailing Address 324 E Holly Cir

City Sandy State UT Zip Code 84070-3436

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

Name of Employer Westwood Physical Therapy Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 08 / 2014
Transaction ID : 59618363

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Ira Gorman

Mailing Address 254 Mary Beth Rd

City Evergreen State CO Zip Code 80439-4312

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

Name of Employer Regis University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 08 / 2014
Transaction ID : 59618364

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<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. Mr Alan B. Crothers
Full Name (Last, First, Middle Initial)

Mailing Address 2388 W Cogburn St

City Meridian State ID Zip Code 83642-7174

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 08 / 2014

Transaction ID : 59618366

Amount of Each Receipt this Period 100.00

B. Dr Kathleen Ann Luedtke-Hoffmann
Full Name (Last, First, Middle Initial)

Mailing Address 2722 Woods Ln

City Garland State TX Zip Code 75044-2808

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

Name of Employer Texas Women's University Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 08 / 2014

Transaction ID : 59618368

Amount of Each Receipt this Period 100.00

C. Mrs Susan M. Chalcraft
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 546

City Kettle Falls State WA Zip Code 99141-0546

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

Name of Employer Mt. Carmel Hospital Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 08 / 2014

Transaction ID : 59618374

Amount of Each Receipt this Period 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<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. Kristin Von Nieda
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Warden Dr

City Philadelphia State PA Zip Code 19129-1418

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

Name of Employer Temple University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : 59618380

Amount of Each Receipt this Period
 100.00

B. Alan V. Meade
Full Name (Last, First, Middle Initial)

Mailing Address 1305 White St

City Kingsport State TN Zip Code 37664-2052

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

Name of Employer HMG Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : 59636392

Amount of Each Receipt this Period
 500.00

C. Gabe Matthew Freyaldenhoven
Full Name (Last, First, Middle Initial)

Mailing Address 802 Wood Duck Ln

City Russellville State AR Zip Code 72801-4755

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

Name of Employer River Valley Therapy & Sports Medicine Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : 59660378

Amount of Each Receipt this Period
 250.00

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 13 OF 51
	<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. Pamela G. Phelps
Full Name (Last, First, Middle Initial)

Mailing Address 1038 Von Trina Dr

City Elberton State GA Zip Code 30635-4567

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 59660379

Amount of Each Receipt this Period
250.00

B. Ms Deirdre Daley
Full Name (Last, First, Middle Initial)

Mailing Address 63 Old Beaver Rd

City New Ipswich State NH Zip Code 03071-4009

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

Name of Employer Workwell Systems Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 59664294

Amount of Each Receipt this Period
500.00

C. Mr Frank C. Fantazzi
Full Name (Last, First, Middle Initial)

Mailing Address 4720 Lincrest Dr

City Brookfield State WI Zip Code 53045-1123

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

Name of Employer PT Plus Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 59796254

Amount of Each Receipt this Period
100.00

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 14 OF 51
	<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. Timothy Schell
Full Name (Last, First, Middle Initial)

Mailing Address 319 Nicklaus Ct

City Grove City State PA Zip Code 16127-3459

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59796255

Amount of Each Receipt this Period 500.00

B. Dr Jason Scott Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 3069 Tierra Mesa

City Atascadero State CA Zip Code 93422-1569

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

Name of Employer San Luis Sports Therapy & Orthopedic R Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 59796256

Amount of Each Receipt this Period 100.00

C. Janice D. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1555 California St Apt 407

City Denver State CO Zip Code 80202-4275

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 59796257

Amount of Each Receipt this Period 250.00

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 15 OF 51
	<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. Bobbie S. Hurt
Full Name (Last, First, Middle Initial)

Mailing Address 1810 Tremont St

City Galveston State TX Zip Code 77550-7904

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 59796258

Amount of Each Receipt this Period
100.00

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

Mailing Address 917 Eagles Landing Pkwy

City Stockbridge State GA Zip Code 30281-5011

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 28 / 2014
Transaction ID : 59796260

Amount of Each Receipt this Period
250.00

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

Mailing Address 13 Waterview Dr

City Amherst State NH Zip Code 03031-2109

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

Name of Employer Align Networks Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 59796262

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dennis Gillette		Date of Receipt
Mailing Address 832 Alturas Dr N		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Twin Falls	ID	83301-4203
FEC ID number of contributing federal political committee.		Transaction ID : 59796373
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Center of Physical Rehab	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles E. Schulte		Date of Receipt
Mailing Address 1140 E Algonquin Rd		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Algonquin	IL	60102-3084
FEC ID number of contributing federal political committee.		Transaction ID : 59796375
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Diamond Physical Therapy	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Jane Harris		Date of Receipt
Mailing Address 6500 Langleigh Way		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Alexandria	VA	22315-3454
FEC ID number of contributing federal political committee.		Transaction ID : 59806055
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
APTA	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.03"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="591.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<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. Karen Jost
Full Name (Last, First, Middle Initial)

Mailing Address 1338 Fones Rd SE #103

City Olympia State WA Zip Code 98501-2790

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 59806541

Amount of Each Receipt this Period
42.00

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

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 59806600

Amount of Each Receipt this Period
41.67

C. Richard Eugene Dunn
Full Name (Last, First, Middle Initial)

Mailing Address 1847 Bartlett Ct

City West Palm Beach State FL Zip Code 33406-8760

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

Name of Employer St. Mary's Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : 59865138

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<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. Julie Lee Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 1570 Elmwood Avenue
Unit 806

City Evanston State IL Zip Code 60201-4577

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

Name of Employer Sava Senior Care Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59865605

Amount of Each Receipt this Period
100.00

B. Mr Larry A. Codner
Full Name (Last, First, Middle Initial)

Mailing Address 6 Brookview Ct

City Holmdel State NJ Zip Code 07733-2301

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

Name of Employer Richmond Rehabilitation Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
05 / 16 / 2014
Transaction ID : 59870837

Amount of Each Receipt this Period
500.00

C. Patrick Garofano
Full Name (Last, First, Middle Initial)

Mailing Address 30443 Middle Creek Cir # 6

City Spanish Fort State AL Zip Code 36527-5683

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

Name of Employer Fairhope Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 20 / 2014
Transaction ID : 59871636

Amount of Each Receipt this Period
250.00

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 19 OF 51
	<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. Dr Victor G. Vaughan
Full Name (Last, First, Middle Initial)

Mailing Address 1732 Whitney Ave Apt 2

City Hamden State CT Zip Code 06517-1925

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

Name of Employer Sacred Heart University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : 59871639

Amount of Each Receipt this Period
250.00

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

Mailing Address 445 S 12th St Unit 1603

City Tampa State FL Zip Code 33602-3691

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

Name of Employer MGH Institute of Health Professions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : 59872523

Amount of Each Receipt this Period
200.00

C. Neil James Trickett
Full Name (Last, First, Middle Initial)

Mailing Address 7419 Wild Senna Ter

City Moseley State VA Zip Code 23120-1099

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

Name of Employer AIM Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : 59872530

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<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. Dr Eva Norman
Full Name (Last, First, Middle Initial)
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 Ortho Rehab Specialists Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59872531
Amount of Each Receipt this Period 50.00

B. Patrick Donovan Graham
Full Name (Last, First, Middle Initial)
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 HPRC Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59872532
Amount of Each Receipt this Period 250.00

C. Drew G. Bossen
Full Name (Last, First, Middle Initial)
Mailing Address 4191 Westcott Dr Ne
City Iowa City State IA Zip Code 52240-7788
FEC ID number of contributing federal political committee. **C**
Name of Employer Progressive Rehab Associates Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59872534
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<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. Dr Reva P. Rauk
Full Name (Last, First, Middle Initial)

Mailing Address 8987 Northcove Dr

City State Zip Code
Park City UT 84098-4732

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

Name of Employer Occupation
University of Utah PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59872535

Amount of Each Receipt this Period
50.00

B. Jerre Van Den Bent
Full Name (Last, First, Middle Initial)

Mailing Address 3402 Harvard Ave

City State Zip Code
Dallas TX 75205-3243

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

Name of Employer Occupation
Therapy 2000 PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59872536

Amount of Each Receipt this Period
210.00

C. Kathleen M. Picard
Full Name (Last, First, Middle Initial)

Mailing Address 2249 River Rd S

City State Zip Code
Lakeland MN 55043-9775

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

Name of Employer Occupation
Big Stone Therapies PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59872537

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00

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 51
	<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. Brad A. Thuringer
Full Name (Last, First, Middle Initial)

Mailing Address 1010 17th Ave S

City State Zip Code
Brookings SD 57006-4099

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

Name of Employer Occupation
Lake Area Technical Institute PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59872538

Amount of Each Receipt this Period
100.00

B. Dr Ronald P. Eynaud
Full Name (Last, First, Middle Initial)

Mailing Address 30601 Hamilton Dr

City State Zip Code
Exeter CA 93221-9690

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

Name of Employer Occupation
PRO Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59872539

Amount of Each Receipt this Period
100.00

C. Laurie Anne Schroder
Full Name (Last, First, Middle Initial)

Mailing Address 1840 Oak Plains Rd

City State Zip Code
Ashland City TN 37015-9109

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

Name of Employer Occupation
Daymar Institute PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 22 / 2014
Transaction ID : 59872541

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jay H. Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1537 Bent River Cir
 City Birmingham State AL Zip Code 35216-5394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HPRC Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 05 / 22 / 2014
Transaction ID : 59872542
 Amount of Each Receipt this Period
100.00

B. Dr Kathryn B. Stenslie
 Full Name (Last, First, Middle Initial)
 Mailing Address 8907 River Rd
 City Columbus State GA Zip Code 31904-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PT Pros Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 05 / 22 / 2014
Transaction ID : 59872543
 Amount of Each Receipt this Period
45.00

C. Paul J. Welk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2461 Alydar Dr
 City Wexford State PA Zip Code 15090-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tucker Law Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 05 / 22 / 2014
Transaction ID : 59872544
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **195.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Dr Brett Alan Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 196 Wilson St
City Amherst State WI Zip Code 54406-9040
FEC ID number of contributing federal political committee. **C**
Name of Employer Roberts Therapy Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59872545
Amount of Each Receipt this Period 100.00

B. Ms Lydia C. Radosevich
Full Name (Last, First, Middle Initial)
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 Ruidoso Physical Therapy Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59872546
Amount of Each Receipt this Period 50.00

C. Robert Pair
Full Name (Last, First, Middle Initial)
Mailing Address 2603 G St
City Bakersfield State CA Zip Code 93301-2828
FEC ID number of contributing federal political committee. **C**
Name of Employer Pair & Marotta Physical Therapy Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2014
Transaction ID : 59872598
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sandra Lee Norby		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : 59872599
Mailing Address 789 Holton Dr PO Box 921		Amount of Each Receipt this Period 250.00
City Le Mars	State IA	Zip Code 51031-3757
FEC ID number of contributing federal political committee. C	Name of Employer Le Mars Physical Therapy	Occupation PT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Mr Paul Olinger Kraushaar		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : 59872600
Mailing Address 1737 Arbor Oaks Dr		Amount of Each Receipt this Period 50.00
City Muscatine	State IA	Zip Code 52761-2623
FEC ID number of contributing federal political committee. C	Name of Employer Muscatine Physical Therapy Services	Occupation PT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jerry L. Klug		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : 59872601
Mailing Address 1475 1st Ave Sw		Amount of Each Receipt this Period 208.33
City Jacksonville	State AL	Zip Code 36265-3337
FEC ID number of contributing federal political committee. C	Name of Employer AL Physical Rehab Service	Occupation PT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	

SUBTOTAL of Receipts This Page (optional).....▶	508.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr Joseph Michael King
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cleveland Ave
 City Batavia State IL Zip Code 60510-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physical Therapy Advantage Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : 59872602
 Amount of Each Receipt this Period **50.00**

B. Laurie Jean Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Hartley Pl
 City Duluth State MN Zip Code 55803-2473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Workwell Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : 59872653
 Amount of Each Receipt this Period **50.00**

C. Belinda Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1192
 321 W. Bruce St., Ste. B
 City Seymour State IN Zip Code 47274-3792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : 59872655
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cristina M. Fauchoux		Date of Receipt MM / DD / YYYY 05 / 22 / 2014
Mailing Address 4021 Pointe Ave		Transaction ID : 59872656
City Zachary	State LA	Zip Code 70791-7346
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.46	
Name of Employer Moreau Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.30	

Full Name (Last, First, Middle Initial) B. Zoe Fackelman		Date of Receipt MM / DD / YYYY 05 / 22 / 2014
Mailing Address 241 Parrish St Ste A		Transaction ID : 59872657
City Canandaigua	State NY	Zip Code 14424-1727
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Lake Country Physical Therapy & Sports	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas DiAngelis		Date of Receipt MM / DD / YYYY 05 / 22 / 2014
Mailing Address 6003 Hazelwood Ln. SE		Transaction ID : 59872658
City Bellevue	State WA	Zip Code 98006-2615
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Comprehensive Physical Therapy Center	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	245.46
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 51
	<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. Mr Bryan Thomas Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Us Highway 12 Ste 3
 City Baraboo State WI Zip Code 53913-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Life Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 28 / 2014**
Transaction ID : 59872659
 Amount of Each Receipt this Period **41.67**

B. Julianne Courtenay
 Full Name (Last, First, Middle Initial)
 Mailing Address 23254 Cuestport Dr
 City Valencia State CA Zip Code 91354-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Therapeutic Associates Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : 59872711
 Amount of Each Receipt this Period **50.00**

C. Virginia Eleace Halling
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 Saxon Ln
 City Bowling Green State KY Zip Code 42103-8721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Work Therapeutics Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : 59872713
 Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional).....	216.67
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 29 OF 51
	<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. Thomas Matthew Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Northway Dr Ste 116
 City Saint Cloud State MN Zip Code 56303-1274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kinesis Physical Therapy Inc Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : 59872764
 Amount of Each Receipt this Period **250.00**

B. Charles Richard Bigelow
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 N Oak Ridge Rd
 City Brandon State SD Zip Code 57005-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prairie Rehabilitation Services Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : 59872765
 Amount of Each Receipt this Period **250.00**

C. Dr Christopher Jason Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3314 Herbert Dr
 City Franklin State TN Zip Code 37067-8172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Results Physiotherapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 29 / 2014**
Transaction ID : 59872768
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Helene M. Fearon		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : 59872772
Mailing Address 6505 N 29th St		Amount of Each Receipt this Period 1250.00
City Phoenix	State AZ	Zip Code 85016-8945
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Randall G. Johnson		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : 59872773
Mailing Address 2904 4th Ave Ne		Amount of Each Receipt this Period 250.00
City Puyallup	State WA	Zip Code 98372-7053
FEC ID number of contributing federal political committee. C		
Name of Employer Apple Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr John G. Wallace		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : 59872774
Mailing Address 209 Westvale Rd		Amount of Each Receipt this Period 600.00
City Duarte	State CA	Zip Code 91010-1304
FEC ID number of contributing federal political committee. C		
Name of Employer BMS	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 51
	<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. Mark J. Bouziane
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Prince George Rd

City Richmond State VA Zip Code 23225-3214

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

Name of Employer HCA Retreat Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : 59878941

Amount of Each Receipt this Period
 250.00

B. Richard P Orsini
Full Name (Last, First, Middle Initial)

Mailing Address 104 Amaron Ln

City Staten Island State NY Zip Code 10307-1963

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : 59878951

Amount of Each Receipt this Period
 500.00

C. Timothy Tyler
Full Name (Last, First, Middle Initial)

Mailing Address 62 Stebbins Ave

City Eastchester State NY Zip Code 10709-3829

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

Name of Employer PRO Sports PT of Westchester Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : 59878959

Amount of Each Receipt this Period
 500.00

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 32 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms Judith Mann
Full Name (Last, First, Middle Initial)
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 Jackson North Medical Center	Occupation PT
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2014

Transaction ID : 59879414

Amount of Each Receipt this Period
250.00

B. Dr Karen A. Paschal
Full Name (Last, First, Middle Initial)
Mailing Address 12805 Marcy St

City Omaha	State NE	Zip Code 68154-2947
---------------	-------------	------------------------

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

Name of Employer Creighton University	Occupation PT
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2014

Transaction ID : 59884380

Amount of Each Receipt this Period
500.00

C. Nancy Susan Boccadoro
Full Name (Last, First, Middle Initial)
Mailing Address 1135 Cedar Branch Ct Sw

City Marietta	State GA	Zip Code 30064-4613
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation PT
-----------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

Transaction ID : 59894807

Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Gretchen A. Seif
 Full Name (Last, First, Middle Initial)
 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 MUSC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : 59897599
 Amount of Each Receipt this Period
 50.00

B. Ms Lynda D. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Road 5
 City Powell State WY Zip Code 82435-8422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advantage Rehab Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : 59897625
 Amount of Each Receipt this Period
 100.00

C. Dr Sharon L. Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5730 Marina Bay Dr
 City Shreveport State LA Zip Code 71119-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC-Shreveport Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : 59897639
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms Angela Wilson Pennisi		Date of Receipt
Mailing Address 825 Sherman Ave		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Evanston	IL	60202-1764
FEC ID number of contributing federal political committee.		Transaction ID : 59897640
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
LakeShore Sports Physical Therapy	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="535.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Kelly Marie Sanders		Date of Receipt
Mailing Address 3069 Tierra Mesa		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atascadero	CA	93422-1569
FEC ID number of contributing federal political committee.		Transaction ID : 59897641
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
San Luis Sports Therapy & Orthopedic R	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anne W Thompson		Date of Receipt
Mailing Address 124 Cherryfield Ln		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Savannah	GA	31419-9095
FEC ID number of contributing federal political committee.		Transaction ID : 59897646
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	
Armstrong State University	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="245.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="242.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms Lorena Pettet Payne
 Full Name (Last, First, Middle Initial)
 Mailing Address 7010 Camp Creek Rd
 City Manhattan State MT Zip Code 59741-8343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : 59897648
 Amount of Each Receipt this Period **75.00**

B. Cathleen M. Tarro
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : 59897658
 Amount of Each Receipt this Period **45.00**

C. Steven Cassabaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 25870 Country Club Rd
 City Nevada State IA Zip Code 50201-7405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 21st Century Rehab Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : 59897677
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	370.00
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 51
	<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. Dr William H. Staples
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 Ironwood Dr
 City Carmel State IN Zip Code 46033-9200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Indianapolis Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60038549
 Amount of Each Receipt this Period
 100.00

B. Mr Matthew Wayne Elrod
 Full Name (Last, First, Middle Initial)
 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 APTA Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60041445
 Amount of Each Receipt this Period
 20.84

C. Mandy Frohlich
 Full Name (Last, First, Middle Initial)
 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 APTA Occupation Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60041447
 Amount of Each Receipt this Period
 20.84

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 37 OF 51
	<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. Mary Jane Harris
Full Name (Last, First, Middle Initial)

Mailing Address 6500 Langleigh Way

City Alexandria State VA Zip Code 22315-3454

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
05 / 30 / 2014
Transaction ID : 60041449

Amount of Each Receipt this Period
41.67

B. Ms Heather Lauren Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Quaker Hill Ct

City Alexandria State VA Zip Code 22314-4742

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt
05 / 30 / 2014
Transaction ID : 60041455

Amount of Each Receipt this Period
20.84

C. Michael Matlack
Full Name (Last, First, Middle Initial)

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 APTA Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt
05 / 30 / 2014
Transaction ID : 60041456

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional).....▶	83.35
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 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Justin D Moore		Date of Receipt
Mailing Address 4819 1st St S		M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2014
City	State	Zip Code
Arlington	VA	22204-1315
FEC ID number of contributing federal political committee. C		Transaction ID : 60041457
Name of Employer APTA		Amount of Each Receipt this Period
Occupation PT		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		436.70

Full Name (Last, First, Middle Initial) B. Mr Herbert Leonard Silver		Date of Receipt
Mailing Address 4093 Statewood Rd NE		M M M / D D D / Y Y Y Y Y Y 05 / 26 / 2014
City	State	Zip Code
Atlanta	GA	30342-3807
FEC ID number of contributing federal political committee. C		Transaction ID : 60068448
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation PT		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		250.00

Full Name (Last, First, Middle Initial) C. Ms Colette Pientok		Date of Receipt
Mailing Address 4303 Rose St Apt A		M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2014
City	State	Zip Code
Houston	TX	77007-5780
FEC ID number of contributing federal political committee. C		Transaction ID : 60068451
Name of Employer Memorial Hermann Sports Medicine and R		Amount of Each Receipt this Period
Occupation PT		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		250.00

SUBTOTAL of Receipts This Page (optional).....▶	391.67
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 39 OF 51
	<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. Dr Kory J. Zimney
Full Name (Last, First, Middle Initial)

Mailing Address 4012 Glen Oaks Blvd

City State Zip Code
Sioux City IA 51104-4315

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 27 / 2014
Transaction ID : 60068454

Amount of Each Receipt this Period
250.00

B. Dr Ellen F. Spake
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Flint St

City State Zip Code
Overland Park KS 66214-2643

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

Name of Employer Occupation
Rockhurst University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 28 / 2014
Transaction ID : 60068458

Amount of Each Receipt this Period
500.00

C. Mr Daniel E. Ciolek
Full Name (Last, First, Middle Initial)

Mailing Address 120 Churchill Ln

City State Zip Code
Wilmington DE 19808-4319

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 26 / 2014
Transaction ID : 60073368

Amount of Each Receipt this Period
500.00

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 40 OF 51
	<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. Mark Dwyer
Full Name (Last, First, Middle Initial)

Mailing Address 14117 W 138th Pl

City Olathe State KS Zip Code 66062-5879

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

Name of Employer Olathe Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 60305344

Amount of Each Receipt this Period
 500.00

B. Mr Thomas Jerry Bohanon Jr
Full Name (Last, First, Middle Initial)

Mailing Address 5437 Wintergreen Rd

City Glen Allen State VA Zip Code 23060-9236

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

Name of Employer In Motion Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60305349

Amount of Each Receipt this Period
 500.00

C. Patrick Leo Hauer
Full Name (Last, First, Middle Initial)

Mailing Address 165 Hideaway Rd

City Mission Hill State SD Zip Code 57046-6040

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

Name of Employer University of South Dakota Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60305362

Amount of Each Receipt this Period
 250.00

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: PAGE 41 OF 51
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ms Taylor J. Reed

Mailing Address 1971 W Cholla Estate Dr

City Tucson State AZ Zip Code 85704-1075

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

Name of Employer Healthsouth Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : 60305375

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	20779.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement

011

Candidate Name

Patrick Meehan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : 59804967

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Mailing Address P.O. Box 185

City State Zip Code
Langhorne PA 19047

Purpose of Disbursement

011

Candidate Name

Mike Fitzpatrick

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : 59805159

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City State Zip Code
West Chester PA 19381

Purpose of Disbursement

011

Candidate Name

Ryan Costello

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : 59805397

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Eric Pac

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 59876153

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

C Michael Thompson

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 59876154

Amount of Each Disbursement this Period

1500.00

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

011

Candidate Name

C Michael Thompson

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 59876155

Amount of Each Disbursement this Period

3500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876156

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement

011

Candidate Name

Mr. Donald Norcross

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876157

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Mark Desaulnier For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

Mr. Mark Desaulnier

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876158

Amount of Each Disbursement this Period

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

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

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement

011

Candidate Name

Rep. Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 59876159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement

011

Candidate Name

Rep. Ben Ray Lujan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 59876160

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Boustany for Congress

Mailing Address P.O. Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement

011

Candidate Name

Charles Boustany

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 59876161

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Candidate Name

Mr. Michael Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 59876162

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Crenshaw For Congress Campaign

Mailing Address 7235 Bonneval Road
Suite 210

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement

011

Candidate Name

Rep. Ander Crenshaw

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 59876163

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ellison For Congress

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Candidate Name

Rep. Keith Ellison

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 59876164

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Anna Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876165

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement

011

Candidate Name

Rep. Dave Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876166

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement

011

Candidate Name

Peter King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876167

Amount of Each Disbursement this Period

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

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lobiondo For Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frank Lobiondo

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 59876168

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frank Pallone Jr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 59876169

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 59876170

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Titus For Congress

Mailing Address PO Box 72454

City Las Vegas State NV Zip Code 89170

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dina Titus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876174

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876175

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 59876188

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

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

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dennis Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : 59897800

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Postage, Envelopes, and Stationery for Mailing Invite

011

Category/
Type

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 60405883

Amount of Each Disbursement this Period

240.00

Postage, Envelopes, and Stationery for Mailing Invite

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2240.00

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

47740.00