

**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="2015"/>		388248.87
(b) Cash on Hand at Beginning of Reporting Period.....	367601.55	
(c) Total Receipts (from Line 19)	35036.60	404996.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	402638.15	793245.29
7. Total Disbursements (from Line 31).....	78250.00	468857.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	324388.15	324388.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 09 / 01 / 2015 To: 09 / 30 / 2015

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).....	15250.75	193136.23
(ii) Unitemized	19728.09	209907.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	34978.84	403043.65
(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)	34978.84	403043.65
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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	57.76	452.77
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))..... ▶	35036.60	404996.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35036.60	404996.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78250.00	468750.00
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	0.00
(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	0.00
29. Other Disbursements	0.00	107.14
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)) ..	78250.00	468857.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78250.00	468857.14

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)	34978.84	403043.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34978.84	403043.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Diane Barrickman
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Vista De La Playa Ln
 City Santa Barbara State CA Zip Code 93109-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Human Performance Center Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2015
Transaction ID : 67380482
 Amount of Each Receipt this Period 1000.00

B. Kevin Krause
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 W Penn Ave
 City Robesonia State PA Zip Code 19551-9550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Berks PT Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2015
Transaction ID : 67394887
 Amount of Each Receipt this Period 250.00

C. William G. Boissonnault
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 North Alfred Street
 City Alexandria State VA Zip Code 22314-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.01

Date of Receipt 09 / 03 / 2015
Transaction ID : 67436604
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 1291.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

A. 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 ▼ 333.44

Date of Receipt
 09 / 03 / 2015
Transaction ID : 67437842
 Amount of Each Receipt this Period
 20.84

B. 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 ▼ 333.44

Date of Receipt
 09 / 03 / 2015
Transaction ID : 67438027
 Amount of Each Receipt this Period
 20.84

C. 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 ▼ 333.44

Date of Receipt
 09 / 03 / 2015
Transaction ID : 67446198
 Amount of Each Receipt this Period
 20.84

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

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

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FOR LINE NUMBER: PAGE 8 OF 63
(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)

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

Mailing Address 3908 19th Street South

City State Zip Code
 Arlington VA 22204-5114

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

Name of Employer Occupation
 APTA Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.44

Date of Receipt
 09 / 03 / 2015
Transaction ID : 67446463

Amount of Each Receipt this Period
 20.84

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

Mailing Address 4819 1st St S

City State Zip Code
 Arlington VA 22204-1315

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

Name of Employer Occupation
 APTA PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.72

Date of Receipt
 09 / 03 / 2015
Transaction ID : 67446823

Amount of Each Receipt this Period
 41.67

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

Mailing Address 832 Alturas Dr N

City State Zip Code
 Twin Falls ID 83301-4203

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

Name of Employer Occupation
 Center of Physical Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 08 / 2015
Transaction ID : 67533634

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<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. 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
 09 / 08 / 2015
Transaction ID : 67538085
 Amount of Each Receipt this Period
 500.00

B. 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 ▼ 900.00

Date of Receipt
 09 / 08 / 2015
Transaction ID : 67538086
 Amount of Each Receipt this Period
 100.00

C. Pamela White
 Full Name (Last, First, Middle Initial)
 Mailing Address 5559 Bayberry Cv
 City Memphis State TN Zip Code 38120-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 08 / 2015
Transaction ID : 67538166
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 63
(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. Kathleen K. Mairella
 Full Name (Last, First, Middle Initial)
 Mailing Address 256 Whitford Ave
 City Nutley State NJ Zip Code 07110-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 67550117
 Amount of Each Receipt this Period
 100.00

B. Mr Jim Ronald Rivard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1560 140th Ave Ne Ste 100
 City Bellevue State WA Zip Code 98005-4571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Manual Therapy International Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 67550118
 Amount of Each Receipt this Period
 83.34

C. Gail A. Altekruise
 Full Name (Last, First, Middle Initial)
 Mailing Address 8203 Ravinia Rd
 City Fort Wayne State IN Zip Code 46825-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Whitley Hospital Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 67550119
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 233.34
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 11 OF 63
	<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 Onuwa Djyata Terry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 E Griffin Pkwy
 City Mission State TX Zip Code 78572-3106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Terry 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
 09 / 01 / 2015
Transaction ID : 67550122
 Amount of Each Receipt this Period
 100.00

B. Brad A. Thuringer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 17th Ave S
 City Brookings State SD Zip Code 57006-4099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Area Technical Institute Occupation PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : 67550125
 Amount of Each Receipt this Period
 100.00

C. Mr Warren Dean McCall
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 W Academy St
 City Williamston State NC Zip Code 27892-2060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roanoke Therapeutic Services, Inc. Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : 67550131
 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 63
	<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. Colleen M. Kigin
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Dale St
 City Swampscott State MA Zip Code 01907-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIMIT Occupation PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : 67550139
 Amount of Each Receipt this Period
 125.00

B. Helene M. Fearon
 Full Name (Last, First, Middle Initial)
 Mailing Address 6505 N 29th St
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : 67550140
 Amount of Each Receipt this Period
 1250.00

C. Linda Diane John
 Full Name (Last, First, Middle Initial)
 Mailing Address 4482 Liam Dr
 City Frisco State TX Zip Code 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mustang Public Schools 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
 09 / 04 / 2015
Transaction ID : 67550142
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	1425.00
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 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kim Osborne
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 811
 City Lovington State NM Zip Code 88260-0811
 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 **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : 67550143
 Amount of Each Receipt this Period
50.00

B. Mr Bruce John Anderson
 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 Rehab Consulting Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **760.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550146
 Amount of Each Receipt this Period
50.00

C. Dr Jane S. Baldwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 9th St Apt 603
 City Medford State MA Zip Code 02155-5165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Partners Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550149
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 14 OF 63
(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. Linda E Arslanian
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Bray St
 City Gloucester State MA Zip Code 01930-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Partners Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550150
 Amount of Each Receipt this Period
 50.00

B. Dr Carl Joseph Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 1532 Nathan Hills Cir
 City Maryville State TN Zip Code 37801-8981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Appalachian Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550154
 Amount of Each Receipt this Period
 50.00

C. Mrs Carrie Gatlin Fuller
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 W 87th St Apt 4r
 City New York State NY Zip Code 10024-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beth Israel Medical Center Occupation PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550156
 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 15 OF 63
	<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. Susan M. Harms

Mailing Address 3650 Everett Dr

City Manhattan State KS Zip Code 66503-8131

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550157

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Dr Dana Marie Edwards

Mailing Address 9 Beech St

City Oakland State NJ Zip Code 07436-3928

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

Name of Employer West Milford PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550158

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Dr Ervin Scott Euype

Mailing Address 1454 Rosewood Ave

City Lakewood State OH Zip Code 44107-3734

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

Name of Employer Cleveland Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550159

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<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. Elizabeth Ann Kavanagh
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Gaston Ave
 City Fairhope State AL Zip Code 36532-1538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reconnect Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550162
 Amount of Each Receipt this Period
 250.00

B. Andrea L. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Parktrace Ln Se
 City Owens Cross Roads State AL Zip Code 35763-8812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nesin Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550165
 Amount of Each Receipt this Period
 50.00

C. Dr William D. Bandy
 Full Name (Last, First, Middle Initial)
 Mailing Address 822 Cartier Ln
 City Little Rock State AR Zip Code 72211-5509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Central Arkansas Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550166
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 63
	<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 Holly Clynych
Full Name (Last, First, Middle Initial)

Mailing Address 18220 Ginavale Ln

City Eden Prairie State MN Zip Code 55346-2107

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

Name of Employer St. Catherine University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 06 / 2015
Transaction ID : 67550167

Amount of Each Receipt this Period
50.00

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

Mailing Address 1209 E Cumberland Ave Unit 1603

City Tampa State FL Zip Code 33602-4259

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 ▼ 800.00

Date of Receipt
09 / 06 / 2015
Transaction ID : 67550168

Amount of Each Receipt this Period
200.00

C. Dr Deborah Sue Larsen
Full Name (Last, First, Middle Initial)

Mailing Address 5842 Chatterfield Dr

City Dublin State OH Zip Code 43017-2578

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

Name of Employer Ohio State Univ SAMP Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
09 / 06 / 2015
Transaction ID : 67550169

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	500.00
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 18 OF 63
(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)

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

Mailing Address 702 2nd Ave W Apt 205

City State Zip Code
 Seattle WA 98119-3771

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

Name of Employer Occupation
 Therapeutic Associates PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 09 / 06 / 2015
Transaction ID : 67550171

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Dr Stephen McDavitt

Mailing Address 6 Bentrige Rd

City State Zip Code
 Falmouth ME 04105-2500

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 ▼
 350.00

Date of Receipt
 09 / 06 / 2015
Transaction ID : 67550172

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Ms Heather Murray-Miller

Mailing Address PO Box 110

City State Zip Code
 Manalapan NJ 07726-0110

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 ▼
 400.00

Date of Receipt
 09 / 06 / 2015
Transaction ID : 67550173

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:	PAGE 19 OF 63
	(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. Mr Paul G. Vidal
Full Name (Last, First, Middle Initial)

Mailing Address 5 Whitechapel Dr

City Mount Laurel State NJ Zip Code 08054-3315

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 09 / 06 / 2015
Transaction ID : 67550178

Amount of Each Receipt this Period 100.00

B. 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 ▼ 700.00

Date of Receipt 09 / 06 / 2015
Transaction ID : 67550179

Amount of Each Receipt this Period 100.00

C. Wesley A. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 13 Hyannis Dr

City Asheville State NC Zip Code 28804-3231

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

Name of Employer Cornerstone Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 06 / 2015
Transaction ID : 67550182

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.00

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 20 OF 63
(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)

Full Name (Last, First, Middle Initial)
A. Jay Greville Shaver

Mailing Address 775 Northwoods Dr

City State Zip Code
 Whitefish MT 59937-8159

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

Name of Employer Occupation
 Northern Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550183

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Ms Nicole Terumi Taniguchi

Mailing Address PO Box 143096

City State Zip Code
 Anchorage AK 99514-3096

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

Name of Employer Occupation
 ANMC 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
 09 / 06 / 2015
Transaction ID : 67550185

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5963 Grand Pavilion Way Unit 216

City State Zip Code
 Alexandria VA 22303-2280

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

Name of Employer Occupation
 Texas Women's University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 67550190

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 21 OF 63
	<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. Margaret D. Soucek		Date of Receipt MM / DD / YYYY 09 / 06 / 2015 Transaction ID : 67550191
Mailing Address 178 W Elm Ave		Amount of Each Receipt this Period 125.00
City Mantua	State NJ	Zip Code 08051-1510
FEC ID number of contributing federal political committee.	C	
Name of Employer UM Hospital	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) B. Dr Kathryn B. Stenslie		Date of Receipt MM / DD / YYYY 09 / 06 / 2015 Transaction ID : 67550192
Mailing Address 8907 River Rd		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr Gretchen A. Seif		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 Transaction ID : 67674049
Mailing Address 1970 Pierce St		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<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. Dr Lisa Kristine Saladin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Overcreek Ct
 City Mount Pleasant State SC Zip Code 29464-9490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 860.00

Date of Receipt 09 / 17 / 2015
Transaction ID : 67674443
 Amount of Each Receipt this Period 100.00

B. 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 ▼ 2250.00

Date of Receipt 09 / 09 / 2015
Transaction ID : 67697869
 Amount of Each Receipt this Period 250.00

C. Mr Zubin Sam Tantra
 Full Name (Last, First, Middle Initial)
 Mailing Address 2426 R. F. D.
 City Long Grove State IL Zip Code 60047-8306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake County Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 09 / 2015
Transaction ID : 67698614
 Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 63
	<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. Jerry L. Klug
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Eighty Oak St Sw
 City Jacksonville State AL Zip Code 36265-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AL Physical Rehab Service Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699005
 Amount of Each Receipt this Period 209.00

B. Mr Robert M. Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 4920 S Ashton Ct
 City Spokane State WA Zip Code 99223-8606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Apex Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699007
 Amount of Each Receipt this Period 25.00

C. Margaret Ingels Allred
 Full Name (Last, First, Middle Initial)
 Mailing Address 33712 Calle Miramar
 City San Juan Capistrano State CA Zip Code 92675-4926
 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 ▼ 800.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699010
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	334.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 63
	<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 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 67699011
 Amount of Each Receipt this Period
 50.00

B. 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 ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 67699012
 Amount of Each Receipt this Period
 100.00

C. William L. Lois
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 S Kinnickinnic Ave Ste 3
 City Milwaukee State WI Zip Code 53207-1364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Lakes Physical Therapy, S.C. 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
 09 / 12 / 2015
Transaction ID : 67699013
 Amount of Each Receipt this Period
 50.00

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 25 OF 63
	<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. Craig A. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 160453
 City Altamonte Springs State FL Zip Code 32716-0453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Rehabilitation & Spor Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699014
 Amount of Each Receipt this Period 50.00

B. 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 ▼ 3220.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699015
 Amount of Each Receipt this Period 400.00

C. Dr Ann A. Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7415 Fernbrook Ln N
 City Maple Grove State MN Zip Code 55311-2700
 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 09 / 16 / 2015
Transaction ID : 67699016
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 26 OF 63
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cathy J. Zarosinski
Full Name (Last, First, Middle Initial)

Mailing Address 1830 NW Riverscape St Apt 606

City Portland	State OR	Zip Code 97209-1840
------------------	-------------	------------------------

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

Name of Employer Providence	Occupation PT
--------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
09 / 12 / 2015
Transaction ID : 67699017

Amount of Each Receipt this Period
30.00

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 ▼
344.00

Date of Receipt
09 / 12 / 2015
Transaction ID : 67699018

Amount of Each Receipt this Period
43.00

C. Dr Edie Knowlton Benner
Full Name (Last, First, Middle Initial)

Mailing Address 4900 Coldbrook Dr

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

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

Name of Employer Self:Advanced Rehabilitation & Health	Occupation PT
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
09 / 12 / 2015
Transaction ID : 67699019

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	198.00
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 63
	<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. Sandra M. Riegor
Full Name (Last, First, Middle Initial)

Mailing Address 304 Coco Plum St

City Marathon State FL Zip Code 33050-3803

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 ▼ 395.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699052

Amount of Each Receipt this Period 125.00

B. 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 ▼ 500.00

Date of Receipt 09 / 12 / 2015
Transaction ID : 67699078

Amount of Each Receipt this Period 125.00

C. Dennis P. Langton
Full Name (Last, First, Middle Initial)

Mailing Address 727 Live Oak Dr

City El Cajon State CA Zip Code 92020-5633

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

Name of Employer E&L and Assocaites Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 13 / 2015
Transaction ID : 67701217

Amount of Each Receipt this Period 50.00

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 28 OF 63
	<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. Deborah Gulbrandson
 Full Name (Last, First, Middle Initial)
 Mailing Address 429 High Rd
 City State Zip Code
 Cary IL 60013-2630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cary Physical Therapy PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015
Transaction ID : 67701224
 Amount of Each Receipt this Period
 83.34

B. Diane Platz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 404
 City State Zip Code
 Glenwood NJ 07418-0404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Elmer Platz Physical Therapy 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
 09 / 13 / 2015
Transaction ID : 67701225
 Amount of Each Receipt this Period
 100.00

C. David Charles Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 5805 Muirfield Ln
 City State Zip Code
 Chattanooga TN 37416-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benchmark Physical Therapy PTA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015
Transaction ID : 67701230
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional).....▶	228.34
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 29 OF 63
	<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 Nancy B. Reese
Full Name (Last, First, Middle Initial)

Mailing Address 3335 Chimney Rock St

City Conway State AR Zip Code 72034-3314

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

Name of Employer University of Central Arkansas Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015

Transaction ID : 67701232

Amount of Each Receipt this Period
100.00

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

Mailing Address Unit 806
1570 Elmwood Ave

City Evanston State IL Zip Code 60201-4577

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

Name of Employer Sava Senior Care Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015

Transaction ID : 67701233

Amount of Each Receipt this Period
100.00

C. Anne W. Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 124 Cherryfield Ln

City Savannah State GA Zip Code 31419-9095

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

Name of Employer Armstrong State University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : 67701236

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<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. William G. Boissonault
Full Name (Last, First, Middle Initial)

Mailing Address 825 North Alfred Street

City Alexandria State VA Zip Code 22314-1956

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

Name of Employer University of Wisconsin Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.68

Date of Receipt
 09 / 21 / 2015
Transaction ID : 67740002

Amount of Each Receipt this Period
 41.67

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 ▼ 354.28

Date of Receipt
 09 / 21 / 2015
Transaction ID : 67740008

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 ▼ 354.28

Date of Receipt
 09 / 21 / 2015
Transaction ID : 67740009

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 31 OF 63
	<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 Heather Lauren Smith		Date of Receipt 09 / 21 / 2015 Transaction ID : 67740014
Mailing Address 1105 Quaker Hill Ct		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.28	

Full Name (Last, First, Middle Initial) B. Michael Matlack		Date of Receipt 09 / 21 / 2015 Transaction ID : 67740015
Mailing Address 3908 19th Street South		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.28	

Full Name (Last, First, Middle Initial) C. Justin D Moore		Date of Receipt 09 / 21 / 2015 Transaction ID : 67740016
Mailing Address 4819 1st St S		Amount of Each Receipt this Period 41.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

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 32 OF 63
	<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)

Full Name (Last, First, Middle Initial)
A. Lynn Braun

Mailing Address 6316 Hellenbrand Rd

City Waunakee State WI Zip Code 53597-9599

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

Name of Employer Weiker Braun Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : 67740348

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1630 Sw Morrison St Ste 100

City Portland State OR Zip Code 97205-1916

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

Name of Employer West Portland Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 24 / 2015
Transaction ID : 67740349

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Darren A. Rodia

Mailing Address 1528 High Country Rd

City Downingtown State PA Zip Code 19335-5706

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

Name of Employer Kinetic Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 22 / 2015
Transaction ID : 67748232

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 33 OF 63
	<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 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 ▼ 600.00

Date of Receipt
 09 / 15 / 2015
Transaction ID : 67748438
 Amount of Each Receipt this Period
 200.00

B. Dr Dimple Singh
 Full Name (Last, First, Middle Initial)
 Mailing Address 2518 Hilfiger Dr
 City Chesterton State IN Zip Code 46304-9149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chesterton Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 09 / 15 / 2015
Transaction ID : 67748439
 Amount of Each Receipt this Period
 73.00

C. Mr Richard Dean King
 Full Name (Last, First, Middle Initial)
 Mailing Address 15934 Barbarossa Dr
 City Houston State TX Zip Code 77083-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Healthcare System Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : 67748442
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	298.00
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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Maren Pauline Bisson
Full Name (Last, First, Middle Initial)

Mailing Address 3052 60th Ave Sw

City Seattle State WA Zip Code 98116-2807

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : 67748444

Amount of Each Receipt this Period
500.00

B. 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 ▼ **405.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2015

Transaction ID : 67748449

Amount of Each Receipt this Period
45.00

C. Dr Anthony Erminio DiFilippo
Full Name (Last, First, Middle Initial)

Mailing Address 32097 Teasel Ct

City Avon Lake State OH Zip Code 44012-2739

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

Name of Employer Rehab Professionals of Cleveland Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : 67748479

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	595.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

A. 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 **750.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : 67748481
 Amount of Each Receipt this Period **250.00**

B. Cristina M. Fauchaux
 Full Name (Last, First, Middle Initial)
 Mailing Address 4021 Pointe Ave
 City Zachary State LA Zip Code 70791-7346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moreau Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 24 / 2015**
Transaction ID : 67755001
 Amount of Each Receipt this Period **41.67**

C. 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 **750.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : 67763623
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	541.67
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 36 OF 63
	<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. Dr Brian Joseph Boyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Dakota Dr
 City Farmington State UT Zip Code 84025-2698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gaston Rehab Associates Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : 67763626
 Amount of Each Receipt this Period
250.00

B. Craig Kopet
 Full Name (Last, First, Middle Initial)
 Mailing Address 18229 Terrace Ct Sw
 City Normandy Park State WA Zip Code 98166-3859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highline PT & Sports Clinic Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : 67763627
 Amount of Each Receipt this Period
100.00

C. Sandra Lee Norby
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Watson Powell Jr Way Unit 501
 City Des Moines State IA Zip Code 50309-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Le Mars Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : 67763628
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 63
	<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. 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 **338.44**

Date of Receipt
 09 / 15 / 2015
Transaction ID : 67763644
 Amount of Each Receipt this Period
 5.00

B. 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 **364.28**

Date of Receipt
 09 / 21 / 2015
Transaction ID : 67763647
 Amount of Each Receipt this Period
 5.00

C. Ms Wendy Celeste Adamo
 Full Name (Last, First, Middle Initial)
 Mailing Address 9116 Wolf Creek Dr
 City Waco State TX Zip Code 76712-8738
 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 **350.00**

Date of Receipt
 09 / 20 / 2015
Transaction ID : 67949921
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... **260.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 38 OF 63
(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. Mr Paul Matthew Artale
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Bradrick Ln
 City Allendale State NJ Zip Code 07401-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Glen Rock PT and Sports Rehabilitation PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : 67949924
 Amount of Each Receipt this Period
 275.00

B. Linda J. Zane
 Full Name (Last, First, Middle Initial)
 Mailing Address 8297 Bridle Path
 City Boca Raton State FL Zip Code 33496-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PTPN of Florida PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : 67949974
 Amount of Each Receipt this Period
 1000.00

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 Occupation
 St. Mary's Medical Center PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015
Transaction ID : 67960885
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1775.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 63
	<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 Eric Joseph Folmar
Full Name (Last, First, Middle Initial)

Mailing Address 120 Oak St

City Westwood State MA Zip Code 02090-3217

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

Name of Employer Mass Sport and Spine Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 67960888

Amount of Each Receipt this Period
42.00

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 67960889

Amount of Each Receipt this Period
50.00

C. Mr Jeffrey Thomas Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 8412 Mahan Dr

City Tallahassee State FL Zip Code 32309-9686

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 67960911

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	142.00
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 63
	<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. Secili Hurley DeStefano
 Full Name (Last, First, Middle Initial)
 Mailing Address 43217 Lindsay Marie Dr
 City Ashburn State VA Zip Code 20147-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **820.00**

Date of Receipt **09 / 28 / 2015**
Transaction ID : 67962042
 Amount of Each Receipt this Period **100.00**

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 **600.00**

Date of Receipt **09 / 28 / 2015**
Transaction ID : 67962045
 Amount of Each Receipt this Period **100.00**

C. Eileen Rodri Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Runnymede Rd Nw
 City Wilson State NC Zip Code 27896-1350
 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 **09 / 30 / 2015**
Transaction ID : 67962126
 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 41 OF 63
	<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. Dr Elaine L. Bukowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 439 Superior Rd
 City Egg Harbor Township State NJ Zip Code 08234-4944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richard Stockton College Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 67983110
 Amount of Each Receipt this Period
 500.00

B. Dr Catherine Elizabeth Crandell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Everett Ave
 City Louisville State KY Zip Code 40204-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellarmine University Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : 67983115
 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : 67983382
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	15250.75

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 63
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. SunTrust Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address Old Town Branch
 King Street
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 298.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 68017454
 Amount of Each Receipt this Period
 45.87

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).....▶	45.87
TOTAL This Period (last page this line number only).....▶	45.87

**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. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : 67741684

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 232 Ne 9th

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Category/
Type

Candidate Name

Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : 67741685

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : 67741686

Amount of Each Disbursement this Period

5000.00

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

8250.00

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. Ralph Abraham For Congress

Mailing Address P.O. Box 14062

City State Zip Code
Monroe LA 71207

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ralph Abraham MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741687

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City State Zip Code
San Bernardino CA 92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pete Aguilar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741688

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Karen Bass

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741689

Amount of Each Disbursement this Period

1500.00

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

4000.00

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. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741690

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Ami Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Candidate Name

Rep. Ami Bera MD

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741691

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Candidate Name

Gus Bilirakis

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741692

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)..... ▶

**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. Richard Burr Committee

Mailing Address P.O. Box 5928

City Winston Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Burr

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 67741694

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Capuano

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 67741695

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Mailing Address PO Box 414

City Scranton State PA Zip Code 18501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Matt A. Cartwright

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 67741696

Amount of Each Disbursement this Period

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

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	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. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Candidate Name

Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741697

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement

011

Candidate Name

Rep. David N. Cicilline

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741698

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Conaway for Congress

Mailing Address P.O. Box 51272

City Midland State TX Zip Code 79710

Purpose of Disbursement

011

Candidate Name

Michael Conaway

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741699

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. Conyers For Congress

Mailing Address PO Box 75357

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. John Conyers Jr.

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 13

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741700

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/Type

Candidate Name

Charlie Dent

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741701

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doyle For Congress Committee

Mailing Address 205 Hawthorne Ct

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Michael F. Doyle

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741703

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)..... ▶

**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. Duffy For Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Candidate Name

Rep. Sean P. Duffy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741704

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Duncan For Congress

Mailing Address PO Box 2646

City Knoxville State TN Zip Code 37901

Purpose of Disbursement

011

Candidate Name

Rep. John J. Duncan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741750

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elect Blake Farenthold Committee

Mailing Address PO Box 3369

City Corpus Christi State TX Zip Code 78463

Purpose of Disbursement

011

Candidate Name

Rep. Blake Farenthold

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741752

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. 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: 2016 Primary General Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741890

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kaptur For Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement

011

Candidate Name

Rep. Marcy Kaptur

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741891

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address P.O. Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement

011

Candidate Name

Lone Star Leadership PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : 67741892

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. Alan Lowenthal For Congress

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

Rep. Alan Lowenthal PhD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 67741893

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Grace For New York

Mailing Address PO Box 656555

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement

011

Candidate Name

Rep. Grace Meng

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 67741894

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Luke Messer For Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Candidate Name

Rep. Luke Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 67741895

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. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

Candidate Name

Sen. Lisa Murkowski

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741896

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Rich Nugent

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604

Purpose of Disbursement

011

Candidate Name

Rep. Richard B. Nugent

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741897

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

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

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

Erik Paulsen

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741898

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)..... ▶

**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. Patriots For Perry

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Perry

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741899

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 75357

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Peters

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741900

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Ryan For Congress

Mailing Address 337 Vienna Avenue Suite 1

City Niles State OH Zip Code 44446

Purpose of Disbursement

011

Category/
Type

Candidate Name

Timothy J. (Tim) Ryan

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District: 17

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741903

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Adam Schiff

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741905

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement

011

Category/
Type

Candidate Name

Louise Slaughter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741907

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Timothy Walberg

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741909

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Friends Of Joe Heck Congress

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Joe Heck

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741910

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mark Takai For Congress

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement

011

Candidate Name

Kyle Takai

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: HI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67741999

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Comstock For Congress

Mailing Address PO Box 831

City Mc Lean State VA Zip Code 22101

Purpose of Disbursement

011

Candidate Name

Rep. Barbara J Comstock

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742000

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. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Candidate Name

Mark Pocan

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

Rep. Joe R. Pitts

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742006

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. Votetipton.Com

Mailing Address PO Box 1582

City Cortez State CO Zip Code 81321

Purpose of Disbursement

011

Candidate Name

Rep. Scott R. Tipton

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742010

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eddie Bernice Johnson For Congress

Mailing Address 3102 Maple Avenue, Suite 605

City Dallas State TX Zip Code 75201

Purpose of Disbursement

011

Candidate Name

Rep. Eddie Bernice Johnson

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 30

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742011

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : 67742012

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. CMR PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

011

Category/
Type

Candidate Name
CMR PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : 67770420

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street # 237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Susan Brooks

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : 67770428

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Ben Ray Lujan Jr.

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : 67770429

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. KELLY PAC

Mailing Address 901 N. Washington Street
Suite 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : 67800791

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

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

3000.00

78250.00