

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

ADDRESS (number and street) 1111 North Fairfax St. Alexandria VA 22314 Check if different than previously reported. (ACC)

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

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

5. Covering Period 02 01 2009 through 02 28 2009

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

Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer Electronically Filed by Mr Justin Moore Date 03 18 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		311909.89
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	343513.56									
(c) Total Receipts (from Line 19) .....	55896.10	87499.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	399409.66	399409.66								
7. Total Disbursements (from Line 31) .....	40500.00	40500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	358909.66	358909.66								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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-PA)

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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	28186.67	42153.34
(i) Itemized (use Schedule A) .....	27687.65	45303.17
(ii) Unitemized .....	55874.32	87456.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	55874.32	87456.51
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	21.78	43.26
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 Transfer (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)) .....	55896.10	87499.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55896.10	87499.77

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	40500.00	40500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	40500.00	40500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40500.00	40500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	55874.32	87456.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55874.32	87456.51
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 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian James Arm

Mailing Address 27 Williams Way S

City State Zip Code  
Calverton NY 11933-1335

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 ▼  
750.00

Date of Receipt  
02 / 02 / 2009

**Transaction ID:** 28076632

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Randall G. Johnson

Mailing Address 2904 4th Ave Ne

City State Zip Code  
Puyallup WA 98372-7053

FEC ID number of contributing federal political committee. C

Name of Employer Apple Physical Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
02 / 12 / 2009

**Transaction ID:** 28190889

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven Cassabaum

Mailing Address 62944 Sunset Drive

City State Zip Code  
Nevada IA 50201-7947

FEC ID number of contributing federal political committee. C

Name of Employer 21st Century Rehab Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 12 / 2009

**Transaction ID:** 28191395

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 30  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul D. Gaspar

Mailing Address 748 Lynwood Drive

City State Zip Code  
Encinitas CA 92024-2389

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Gaspar Physical Therapy PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** 28192376

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Peter J McMenamin

Mailing Address 130 N. Garland CT, APT 3805

City State Zip Code  
Chicago IL 60602-4836

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Physical Therapy Chicago PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** 28192899

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Vincent Eldridge

Mailing Address 2751 Northgate Drive

City State Zip Code  
Iowa City IA 52245-9509

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Progressive Rehab Associates PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** 28193004

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 30  
(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-PA)

**A.** Full Name (Last, First, Middle Initial)  
Bob H Rowe

Mailing Address 1964 Raley Creek Drive West

City State Zip Code  
Jacksonville FL 32225-2329

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

Name of Employer Occupation  
Brooks Rehabilitation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** 28193007

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Jill Michele Tomasello

Mailing Address 64 Hunting Ridge Road

City State Zip Code  
Stamford CT 06903-3222

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

Name of Employer Occupation  
Advanced PT Center PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID:** 28197902

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
William Philip Hopfinger

Mailing Address 78 Kenrick Plaza

City State Zip Code  
Saint Louis MO 63119-4414

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

Name of Employer Occupation  
St. Louis Home Health PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** 28265833

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 9 / 30  
(check only one)

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

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

**A.**

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

Mailing Address 380 E 400 S

City State Zip Code  
Springville UT 84663-1958

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

Name of Employer Physical & Sports Therapy Services  
Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** 28362795

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy Susan Boccadoro

Mailing Address 1135 Cedar Branch Ct

City State Zip Code  
Marietta GA 30064-4613

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

Name of Employer Self-Employed  
Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** 28363746

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Janet L. Downey

Mailing Address 4585 Lancaster Dr

City State Zip Code  
Clarkston MI 48348-3657

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

Name of Employer Hurley Medical Center  
Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1005.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28369769

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **755.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Beth McKittrick-Bandy

Mailing Address ABPTS  
822 Cartier Lane

City Little Rock State AR Zip Code 72211-5509

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

Name of Employer Arkansas Children's Hospital Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2009  
Transaction ID: 28370217  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Lilley

Mailing Address 800 W Compton Rd Ste 3

City Cincinnati State OH Zip Code 45231-3846

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

Name of Employer Self-Employed Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2009  
Transaction ID: 28374370  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Belinda Hays

Mailing Address PO Box 1192

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2009  
Transaction ID: 28374395  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Drew G. Bossen

Mailing Address 4191 Westcott Dr NE

City State Zip Code  
Iowa City IA 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 ▼  
535.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28374400

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen Galica Devine

Mailing Address 4141 S Tamiami Trail

City State Zip Code  
Sarasota FL 34231-3600

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

Name of Employer Self-Employed Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28374413

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Donovan Graham

Mailing Address 6453 Springwater Drive

City State Zip Code  
Columbus GA 31904-2982

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

Name of Employer HPRC Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28374416

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Mark Levine

Mailing Address 7520 NW 12th St

City Plantation State FL Zip Code 33313-5922

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

Name of Employer Rehabilitation Consulting & Resource I Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2009  
**Transaction ID: 28374417**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Lorren

Mailing Address 566 Hawl E

City Hideaway State TX Zip Code 75771-5242

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

Name of Employer Pain Management Joint Ven- ture Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2009  
**Transaction ID: 28374418**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kathryn K. Brewer

Mailing Address 1063 W Indian Hills Place

City Phoenix State AZ Zip Code 85023-6278

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

Name of Employer Mayo Clinic - Arizona Cam- pus Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2009  
**Transaction ID: 28374514**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cheri Hodges

Mailing Address 27424 N 75th Way

City State Zip Code  
Scottsdale AZ 85266-4106

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

Name of Employer AT Still University Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28374570

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stanley Paris

Mailing Address 19 Dolphin Drive

City State Zip Code  
Saint Augustine FL 32080-4530

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

Name of Employer St. Augustine University Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28374571

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeff Paul Brown

Mailing Address 981 Lomas Sta Fe Dr Suite A

City State Zip Code  
Solana Beach CA 92075-2144

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

Name of Employer Self-Employed Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** 28374573

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. M Patrice Murphy	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 2313 Altadena Crest Drive	<b>Transaction ID:</b> 28378055
	City State Zip Code Birmingham AL 35242-4401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self-Employed PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Victor G. Vaughan	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 1732 Whitney Ave Apt 2	<b>Transaction ID:</b> 28378273
	City State Zip Code Hamden CT 06517-1925	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Integrated Rehab PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Karen A. Paschal	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 12805 Marcy Street	<b>Transaction ID:</b> 28378384
	City State Zip Code Omaha NE 68154-2947	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Creighton University PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 15 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Pamela G. Phelps

Mailing Address 1038 Von Trina Road

City State Zip Code  
Elberton GA 30635-4567

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2009

**Transaction ID:** 28378494

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Newton

Mailing Address 408 South Third Street

City State Zip Code  
Pulaski TN 38478-3806

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

Name of Employer Occupation  
Maury Regional Hospital PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2009

**Transaction ID:** 28378659

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jake Jakubiak Kovacek

Mailing Address 20225 Danbury Lane

City State Zip Code  
Harper Woods MI 48225-1156

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

Name of Employer Occupation  
In Home Rehab PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2009

**Transaction ID:** 28378759

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: PAGE 16 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sheree Chapman York

Mailing Address 313 Delcris Ct

City Birmingham State AL Zip Code 35226-1978

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

Name of Employer CHSYS Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2009

Transaction ID: 28379738

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Lynn M. Jeffries

Mailing Address 16905 Valley Crest

City Edmond State OK Zip Code 73012-6730

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

Name of Employer Univ. of Oklahoma Health Science Ctr Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2009

Transaction ID: 28382249

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Barbara Ann Berry

Mailing Address 2724 NE 53rd Street

City Seattle State WA Zip Code 98105-3114

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

Name of Employer Group Health Cooperative Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2009

Transaction ID: 28383746

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<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-PA)

**A.** Full Name (Last, First, Middle Initial)  
Pamela G Unger

Mailing Address 443 Wentz St

City State Zip Code  
Kutztown PA 19530-1033

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

Name of Employer Occupation  
Cellfication Inc. PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 28392083

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Jennie Kane Gregory

Mailing Address 1002 Abercorn Place

City State Zip Code  
Sherwood AR 72120-6502

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

Name of Employer Occupation  
St. Vincent Health Systems PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 28394129

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Cindy Furey

Mailing Address 5677 Oberlin Drive Suite 106

City State Zip Code  
San Diego CA 92121-1741

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

Name of Employer Occupation  
Comprehensive Therapy Services PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.34

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** 28493764

Amount of Each Receipt this Period  
416.67

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **666.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<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-PA)

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey W. Hathaway

Mailing Address 8370 Boyko Farm

City State Zip Code  
Cicero NY 13039-8694

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

Name of Employer ProActive PT Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** 28493777

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Alexander Tan Luy

Mailing Address Suite A  
2782 N Highland Ave

City State Zip Code  
Jackson TN 38305-1797

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

Name of Employer Physical Therapy of Jackson Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** 28493781

Amount of Each Receipt this Period  
200.00

**C.**

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

Mailing Address 109 Emerling Lane

City State Zip Code  
Peachtree City GA 30269-3220

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

Name of Employer Self-Employed Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** 28494423

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**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 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gail Sue Braun

Mailing Address 3751 South State Rd

City State Zip Code  
Ionia MI 48846-9478

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2009

**Transaction ID:** 28511390

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cheryl Resnik

Mailing Address 1070 S Oakland Ave

City State Zip Code  
Pasadena CA 91106-4344

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

Name of Employer Occupation  
Univ of Southern California PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2009

**Transaction ID:** 28579152

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Maureen Kavalar

Mailing Address 6529 N Braeburn Lane

City State Zip Code  
Glendale WI 53209-3323

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

Name of Employer Occupation  
Easter Seals PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2009

**Transaction ID:** 28580858

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Drew G. Bossen

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 ▼ 285.00

Date of Receipt 02 / 10 / 2009

**Transaction ID: 28585385**

Amount of Each Receipt this Period 35.00

**B.**

Full Name (Last, First, Middle Initial)  
Nicole Lynn Stout

Mailing Address 7500 Woodmont Ave No 1209

City Bethesda State MD Zip Code 20814-5384

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

Name of Employer NIH Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2009

**Transaction ID: 28586135**

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Marisa Perdomo

Mailing Address 488 W Palm Street

City Altadena State CA Zip Code 91001-4262

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

Name of Employer University of Southern California Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2009

**Transaction ID: 28586526**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **535.00**

**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 21 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Craig David Rice

Mailing Address PO Box 683

City State Zip Code  
Kresgeville PA 18333-0683

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

Name of Employer Occupation  
None Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2009

**Transaction ID:** 28587150

Amount of Each Receipt this Period  
210.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary C Sinnott

Mailing Address 66 East Plumstead Ave

City State Zip Code  
Lansdowne PA 19050-1432

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

Name of Employer Occupation  
Temple University PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2009

**Transaction ID:** 28587491

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Virginia Norene Christensen

Mailing Address PO Box 11083

City State Zip Code  
Jackson WY 83002-1083

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

Name of Employer Occupation  
Four Pines Physical Therapy PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2009

**Transaction ID:** 28587619

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **960.00**

**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 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen L. Ross		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 5493 March Street		<b>Transaction ID:</b> 28587788
	City Robstown	State TX	Zip Code 78380-6034
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Affiliated Therapy Group	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marilyn Moffat		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 29 Ludlam Lane		<b>Transaction ID:</b> 28588227
	City Locust Valley	State NY	Zip Code 11560-1724
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
	Name of Employer New York University	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia McAdoo		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address PO Box 140350		<b>Transaction ID:</b> 28638706
	City Anchorage	State AK	Zip Code 99514-0350
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 23 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Michael Riley

Mailing Address Professional Therapy Services  
2810 Frank Scott Parkway West Ste.

City State Zip Code  
Belleville IL 62223-5007

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

Name of Employer Occupation  
Professional Therapy Services, Inc. PT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 28638713

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

David L Mallgrave

Mailing Address PO Box 784

City State Zip Code  
Village Mills TX 77663-0784

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

Name of Employer Occupation  
Self-Employed PT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 28638716

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark J. Bouziane

Mailing Address 1904 Prince George Rd

City State Zip Code  
Richmond VA 23225-3214

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

Name of Employer Occupation  
HCA Retreat Hospital PT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 28638752

Amount of Each Receipt this Period

250.00

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

3250.00

**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 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Weiner	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address Suite 250 26635 W Agoura Rd	<b>Transaction ID:</b> 28638774
	City State Zip Code Calabasas CA 91302-3805	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PTPN PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stacey L. Comstock	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 2424 NE 22nd Avenue	<b>Transaction ID:</b> 28638784
	City State Zip Code Portland OR 97212-4812	Amount of Each Receipt this Period 320.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Providence Portland Medical Center PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christine Chase	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 7754 Mulberry Lane	<b>Transaction ID:</b> 28638791
	City State Zip Code Naples FL 34114-9443	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self-Employed PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1570.00</b>
<b>TOTAL</b> 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 25 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ellen Strunk

Mailing Address 5602 Lake Trace Drive

City Birmingham State AL Zip Code 35244-3967

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

Name of Employer Restore Therapy Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2009

**Transaction ID:** 28638798

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Karen Jean Walz

Mailing Address 162 SE Windance Ct

City Bend State OR Zip Code 97702-1550

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

Name of Employer TAI Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2009

**Transaction ID:** 28638803

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara A. Melzer

Mailing Address 148 Cas-Hills Drive

City Castle Hills State TX Zip Code 78213-3322

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

Name of Employer Texas State University - San Marcos Occupation PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2009

**Transaction ID:** 28638813

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 30  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Pamela S. Palmer

Mailing Address 1614 West Oxford Court

City State Zip Code  
Andover KS 67002-9063

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

Name of Employer Occupation  
Self-Employed PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2009

**Transaction ID:** 28638853

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lee Elliott Miller

Mailing Address 2211 Shaded Brook Drive

City State Zip Code  
Owings Mills MD 21117-2347

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

Name of Employer Occupation  
Lee Miller Rehabilitation Associates PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2009

**Transaction ID:** 28639248

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Spencer S. Schreckengast

Mailing Address 1273 Highbluff Avenue

City State Zip Code  
San Marcos CA 92078-1051

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

Name of Employer Occupation  
Gaspar Physical Therapy PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2009

**Transaction ID:** 28645824

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

**A.** Full Name (Last, First, Middle Initial)  
Edward Robert Mathis

Mailing Address N16564 Vinger Lane

City	State	Zip Code
Pembine	WI	54156-9359

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: 28680097

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28186.67

**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-PA)

A.	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee	Transaction ID: 28072269 Date of Disbursement 02 / 02 / 2009
	Mailing Address Post Office Box 2145	Amount of Each Disbursement this Period 1000.00
	City West Columbia State SC Zip Code 29171	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Joe Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Snowe For Senate	Transaction ID: 28072271 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. Box 2006	Amount of Each Disbursement this Period 2500.00
	City Portland State ME Zip Code 04104	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Olympia Snowe	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Griffith For Congress	Transaction ID: 28072272 Date of Disbursement 02 / 02 / 2009
	Mailing Address PO Box 2916	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35804	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. R Parker Griffith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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)

PAGE 29 / 30

<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-PA)

A.	Full Name (Last, First, Middle Initial) Mccollum For Congress	Transaction ID: 28072274 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. Box 14131	Amount of Each Disbursement this Period 1000.00
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Betty McCollum	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 28072276 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 5000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Xavier Becerra	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Cte.	Transaction ID: 28072277 Date of Disbursement 02 / 02 / 2009
	Mailing Address 430 S. Capitol Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	21000.00
<b>TOTAL</b> 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)

PAGE 30 / 30

<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-PA)

A.

Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 28072278

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

15000.00
----------

011  
Category/  
Type

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

15000.00

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

40500.00