

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.
Check if different than previously reported. (ACC) Alexandria VA 22314

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 01 2009 through 11 30 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 12 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.

Office Use Only **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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

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"><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	442618.46									
(c) Total Receipts (from Line 19)	100602.60	639311.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	543221.06	951221.06								
7. Total Disbursements (from Line 31)	28500.00	436500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	514721.06	514721.06								
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-PA)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	74288.65	315150.57
(ii) Unitemized	26167.60	323454.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	100456.25	638605.53
(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)	100456.25	638605.53
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.)	146.35	705.64
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))	100602.60	639311.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	100602.60	639311.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	28500.00	436500.00
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))..	28500.00	436500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28500.00	436500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	100456.25	638605.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100456.25	638605.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 85
	<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	

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-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Deydre Smyth Teyhen

Mailing Address 101 Tierra Grande

City Cibolo State TX Zip Code 78108-4242

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

Name of Employer U.S. Army Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 12 / 2009

Transaction ID: 31942158

Amount of Each Receipt this Period: 250.00

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

Mailing Address 241 Parrish St Ste A

City Canandaigua State NY Zip Code 14424-1727

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

Name of Employer Lake Country Physical Therapy & Sports Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 11 / 03 / 2009

Transaction ID: 32120458

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Charles J. Gulas

Mailing Address 2054 Wild Horse Creek Rd

City Wildwood State MO Zip Code 63038-1202

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

Name of Employer Maryville University Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2009

Transaction ID: 32120460

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 85
	<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) John D. Barnes	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1005 Hardee Place	Transaction ID: 32122579
	City State Zip Code Alexandria VA 22304-1719	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
Name of Employer American Physical Therapy Association	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 829.40	

B.	Full Name (Last, First, Middle Initial) Matthew Wayne Elrod	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 4782 Farndon Ct	Transaction ID: 32122625
	City State Zip Code Fairfax VA 22032-1913	Amount of Each Receipt this Period 19.24
	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 ▼ 346.32	

C.	Full Name (Last, First, Middle Initial) Mary Jane Harris	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 6500 Langleigh Way	Transaction ID: 32122674
	City State Zip Code Alexandria VA 22315-3454	Amount of Each Receipt this Period 19.24
	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 ▼ 365.57	

SUBTOTAL of Receipts This Page (optional)	76.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 85
	<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)
Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City Herndon State VA Zip Code 20171-1828

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 ▼ 365.56

Date of Receipt 11 / 03 / 2009

Transaction ID: 32122698

Amount of Each Receipt this Period 19.24

B.

Full Name (Last, First, Middle Initial)
Karen Jost

Mailing Address 5575 Vincent Gate Ter Unit 1447

City Alexandria State VA Zip Code 22312-2582

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 ▼ 280.00

Date of Receipt 11 / 03 / 2009

Transaction ID: 32122720

Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.91

Date of Receipt 11 / 03 / 2009

Transaction ID: 32122837

Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► 97.71

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 / 85
	<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. Carlos Loera, Jr.		Date of Receipt MM / DD / YYYY 11 / 04 / 2009		
	Mailing Address 21 Sunnybank Rd		Transaction ID: 32130448		
	City Pasco	State WA	Zip Code 99301-8876	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer W.P.T.	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Senobia Crawford		Date of Receipt MM / DD / YYYY 11 / 04 / 2009		
	Mailing Address 9213 Stillforest Ct		Transaction ID: 32140700		
	City Montgomery	State AL	Zip Code 36117-8408	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alabama State University	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr. Johanna Hendrina M Janssen		Date of Receipt MM / DD / YYYY 11 / 12 / 2009		
	Mailing Address 104 Oakview Dr		Transaction ID: 32261995		
	City Elon	State NC	Zip Code 27244-9360	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Elon University	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 10 / 85
(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)
Corrie Odom

Mailing Address 404 Cedar Ridge Way

City State Zip Code
Durham NC 27705-1985

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

Name of Employer Occupation
Duke University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 32261998

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 2782 N Highland Ave Ste A

City State Zip Code
Jackson TN 38305-1797

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

Name of Employer Occupation
Physical Therapy of Jackson PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 32262062

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ann Giffin

Mailing Address PO Box 52
1924 Alcoa Hwy

City State Zip Code
Knoxville TN 37901-0052

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

Name of Employer Occupation
University of Tennessee PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: 32263436

Amount of Each Receipt this Period
43.00

SUBTOTAL of Receipts This Page (optional) ► **393.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 85
	<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) William Lee Franzen, Jr.		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 18025 Bohnne Bend Ct		Transaction ID: 32298734		
	City St Louis	State MO	Zip Code 63005	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Gregory Lee Waite, DPT		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 706 Turnpike Road		Transaction ID: 32298741		
	City Waterford	State PA	Zip Code 16441-7806	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Waterford Physical Therapy, Inc.		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Cynthia Driskell		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 7208 E Cave Creek Rd Ste H PO Box 5924		Transaction ID: 32300445		
	City Cave Creek	State AZ	Zip Code 85331-8608	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carefree Physical Therapy		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00			

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 12 / 85
(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)
Matthew Jeremy VanderKooi

Mailing Address N2619 Joan Ct

City Lodi State WI Zip Code 53555-1585

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

Name of Employer NewLife Physical Therapy and Sports Me Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009
Transaction ID: 32300450
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Marilyn M Swygert

Mailing Address 1730 Savannah Hwy

City Charleston State SC Zip Code 29407-6255

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

Name of Employer Charleston Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 32300452
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Douglas B. Toole

Mailing Address PO Box 418

City Henefer State UT Zip Code 84033-0418

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

Name of Employer Toole & Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009
Transaction ID: 32300458
 Amount of Each Receipt this Period 500.00

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: (check only one)	PAGE 13 / 85
	<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) Belinda Hays		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address PO Box 1192		Transaction ID: 32300461		
	City Seymour	State IN	Zip Code 47274-3792	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Progressive Physical Therapy		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00			

B.	Full Name (Last, First, Middle Initial) Francis McDonald		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 1005 N Hickory Rd		Transaction ID: 32300462		
	City South Bend	State IN	Zip Code 46615-3723	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McDonald Physical Therapy		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) Charles Felder		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 1303 W 6th St Ste 104		Transaction ID: 32300463		
	City Corona	State CA	Zip Code 92882-3196	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCS Consulting		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	6250.00
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 / 85
(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)
Thomas DiAngelis

Mailing Address 6670 Loveland Miamiville Rd

City Loveland State OH Zip Code 45140-8732

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

Name of Employer Comprehensive Physical Therapy Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300731

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Carolyn L Bloom

Mailing Address 1045 SW Gage Blvd

City Topeka State KS Zip Code 66604-1780

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

Name of Employer Mercy Regional Health Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300733

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Louise D. Yurko

Mailing Address 123 Buena Vista Dr

City Newport State NC Zip Code 28570-8119

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

Name of Employer Carteret Physical Therapy Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 32300734

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 85
(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)
Jayne L Snyder

Mailing Address 810 Lakewood Dr

City Lincoln State NE Zip Code 68510-4239

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

Name of Employer: Snyder Physical Therapy, PC Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 19 / 2009

Transaction ID: 32300736

Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Amanda Tieder Somers

Mailing Address 1361 W Wade Hampton Blvd Ste F PMB 207

City Greer State SC Zip Code 29650-1146

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

Name of Employer: Sports Spine & Industrial, Inc. Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 11 / 19 / 2009

Transaction ID: 32300737

Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Jerry Craig Durham

Mailing Address 6957 Saroni Dr

City Oakland State CA Zip Code 94611-1416

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

Name of Employer: San Francisco Physical Therapy Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt: 11 / 19 / 2009

Transaction ID: 32300738

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **5350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 85
(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)
Jason Scott Sanders

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 ▼ 500.00

Date of Receipt 11 / 19 / 2009
Transaction ID: 32300740
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. James Evan Glinn, Jr.

Mailing Address 805 Aerovista PI Ste 201

City San Luis Obispo State CA Zip Code 93401-7920

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

Name of Employer San Luis Obispo Sports Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 32300741
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Kim Wayne Reid

Mailing Address 1551 Renaissance Towne Dr Ste 350

City Bountiful State UT Zip Code 84010-7674

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

Name of Employer PerformanceWest Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009
Transaction ID: 32300742
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 / 85
	<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)
Mr. Joel Michael Johnson

Mailing Address 1314 8th St NE

City State Zip Code
Auburn WA 98002-4587

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

Name of Employer Occupation
Renton Sports & Spine PT PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300743

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Eric D Lybbert

Mailing Address 166 Cottonwood Loop

City State Zip Code
Saratoga Springs UT 84045-3941

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

Name of Employer Occupation
Mountain Land Rehab PT PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300744

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Amy Kathleen Christiaens

Mailing Address 2619 Wheaton St

City State Zip Code
Cheney WA 99004-2186

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

Name of Employer Occupation
Apex Physical Therapy PT PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300745

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 85
(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)
Judith Dougherty

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Physical Therapy at St. Luke's Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300747

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Dennis J. Dougherty

Mailing Address 1601 Stonehill Way

City State Zip Code
Bethlehem PA 18015-8964

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

Name of Employer Rehab Partners Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300748

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Sandra Lee Norby

Mailing Address 789 Holton Dr

City State Zip Code
Le Mars IA 51031-3757

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300749

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: PAGE 19 / 85
(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)
Joseph Stephen Albright

Mailing Address 1020 Maplewood Dr

City State Zip Code
Coralville IA 52241-9701

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

Name of Employer Progressive Rehabilitation Associates
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300750

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen Michael Albanese

Mailing Address 3 Belmont Ct

City State Zip Code
Goshen NY 10924-1209

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

Name of Employer Physical Therapy & Wellness
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300751

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1555 California St Apt 407

City State Zip Code
Denver CO 80202-4275

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300755

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 85
(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)
Curtis Jolley

Mailing Address 527 S 75 W

City State Zip Code
Centerville UT 84014-2182

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

Name of Employer Performancewest Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300756

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Alan N. Balavender

Mailing Address 270 Farmington Ave Ste 303

City State Zip Code
Farmington CT 06032-1952

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

Name of Employer Physical Therapy and Sports Medicine C
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300758

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Janavice Ann MacKenzie

Mailing Address 31000 Lahser Rd Ste 1

City State Zip Code
Beverly Hills MI 48025-4847

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

Name of Employer Integrated Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300763

Amount of Each Receipt this Period
500.00

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 21 / 85
(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. James M Baniewicz

Mailing Address 94 Greenbriar Ln

City State Zip Code
Newtown PA 18940-1680

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

Name of Employer Occupation
Newtown-Jamison Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300764

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Stephen Mark Foster

Mailing Address 790 Montgomery Hwy Ste 108

City State Zip Code
Birmingham AL 35216-1873

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

Name of Employer Occupation
Therapy South PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300765

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gilbert A Schoos

Mailing Address 45 Orcas Ky

City State Zip Code
Bellevue WA 98006-1019

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

Name of Employer Occupation
Peak Sports & Spine Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300766

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ms. Alice G Schoos

Mailing Address 45 Orcas Ky

City Bellevue State WA Zip Code 98006-1019

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

Name of Employer Peak Sports and Spine Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300767

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Amira Ranney

Mailing Address 90 Southside Ave Ste 225

City Asheville State NC Zip Code 28801-4188

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

Name of Employer Mountain Physical Therapy Services Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300769

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Christopher Joseph Albanese

Mailing Address PO Box 239

City Goshen State NY Zip Code 10924-0239

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

Name of Employer Physical Therapy & Wellness Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300771

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 23 / 85
(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)
Daryl Andrew Clarke

Mailing Address 9440 Pennsylvania Ave Ste 215

City State Zip Code
Upper Marlboro MD 20772-3659

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

Name of Employer Occupation
Sports Pro Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2009

Transaction ID: 32300776

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Daryl Andrew Clarke

Mailing Address 9440 Pennsylvania Ave Ste 215

City State Zip Code
Upper Marlboro MD 20772-3659

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

Name of Employer Occupation
Sports Pro Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2009

Transaction ID: 32300777

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Daryl Andrew Clarke

Mailing Address 9440 Pennsylvania Ave Ste 215

City State Zip Code
Upper Marlboro MD 20772-3659

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

Name of Employer Occupation
Sports Pro Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2009

Transaction ID: 32300778

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: PAGE 24 / 85
(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)
Kathleen M Picard

Mailing Address 2249 River Rd S

City State Zip Code
Lakeland MN 55043-9775

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

Name of Employer Occupation
Big Stone Therapies PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32300780

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Susan Sulley

Mailing Address 3327 M St Ste A

City State Zip Code
Merced CA 95348-2714

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

Name of Employer Occupation
Rascal Creek Physical Therapy 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
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32300781

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Jeanne Marie Gilbert

Mailing Address 9 Tuckers Run

City State Zip Code
Ledyard CT 06339-1000

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

Transaction ID: 32300783

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 25 / 85
(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

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-PA)

A.

Full Name (Last, First, Middle Initial)
Holly Johnson

Mailing Address 34 Fern St

City Harlan State KY Zip Code 40831-3542

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

Name of Employer Harlan PT Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 16 / 2009
Transaction ID: 32300787
 Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 6453 Spring Water Dr

City Columbus State GA Zip Code 31904-2982

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

Name of Employer HPRC Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 11 / 19 / 2009
Transaction ID: 32300788
 Amount of Each Receipt this Period: 2500.00

C.

Full Name (Last, First, Middle Initial)
Neil Thomas McKenna

Mailing Address 323 Via De Vista

City Solana Beach State CA Zip Code 92075-2030

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

Name of Employer Chapman University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 16 / 2009
Transaction ID: 32300789
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 85
(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

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-PA)

A. Full Name (Last, First, Middle Initial)
Henry David Hunt

Mailing Address PO Box 3185

City Vista State CA Zip Code 92085-3185

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: 11 / 16 / 2009
Transaction ID: 32300791
 Amount of Each Receipt this Period: 350.00

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

Mailing Address 748 Lynwood Dr

City Encinitas State CA Zip Code 92024-2389

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

Name of Employer Gaspar Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 11 / 19 / 2009
Transaction ID: 32300792
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Charles Richard Bigelow

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 ▼ 250.00

Date of Receipt: 11 / 16 / 2009
Transaction ID: 32300794
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 85
	<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	

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-PA)

A.	Full Name (Last, First, Middle Initial) Janet R. Bezner		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 1111 N Fairfax St		Transaction ID: 32300795		
	City Alexandria	State VA	Zip Code 22314-1484	Amount of Each Receipt this Period 1000.00	
	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 ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) Paul O. Kraushaar		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 1737 Arbor Oaks Dr		Transaction ID: 32300796		
	City Muscatine	State IA	Zip Code 52761-2623	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Muscatine Physical Therapy Services	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Maureen Kavalar		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 6529 N Braeburn Ln		Transaction ID: 32300797		
	City Glendale	State WI	Zip Code 53209-3323	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Easter Seals	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 85
	<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	

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-PA)

A.	Full Name (Last, First, Middle Initial) Ms. Donna Singer	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 116 Oceanport Ave Ste 1	Transaction ID: 32300799
	City State Zip Code Little Silver NJ 07739-1250	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sports Care & Physical Rehab PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) Phyllis DiMonte Levine	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 14301 S Golden Oak Dr	Transaction ID: 32300801
	City State Zip Code Homer Glen IL 60491-9696	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Functional Therapy and Rehab PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert J. Burger	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 25 Carriage Ln	Transaction ID: 32300803
	City State Zip Code Montoursville PA 17754-7929	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lycoming Physical Therapy PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

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 29 / 85
(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

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-PA)

A. Full Name (Last, First, Middle Initial)
Deborah Gulbrandson

Mailing Address 429 High Rd

City Cary State IL Zip Code 60013-2630

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

Name of Employer Cary Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300805

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Randy Evan Boldt

Mailing Address 43 W Timberline Dr

City Blue Grass State IA Zip Code 52726-9520

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

Name of Employer Rock Valley Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300806

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Paul J. Welk

Mailing Address 278 Walnut St

City Blawnox State PA Zip Code 15238-3331

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

Name of Employer Tucker Law Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32300807

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 30 / 85
(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)
Douglas W. Ball

Mailing Address 801 S 1st E

City State Zip Code
Grace ID 83241-5386

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

Name of Employer
Physical Therapy Works

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300808

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John G. Wallace, Jr.

Mailing Address 209 Westvale Rd

City State Zip Code
Duarte CA 91010-1304

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

Name of Employer
BMS

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32300810

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Crystal Mayfield

Mailing Address HC 65 Box 3190

City State Zip Code
Springfield WV 26763-9600

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

Name of Employer
Genesis Rehab Services

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2009

Transaction ID: 32300887

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 31 / 85
(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. Melissa D. Martin

Mailing Address 6515 Willow Ct

City Waterford State WI Zip Code 53185-2534

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

Name of Employer M & M Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 32300889
 Amount of Each Receipt this Period 250.00

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

Mailing Address 4320 Harbour Cove Ct

City Alpharetta State GA Zip Code 30005-4274

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 ▼ 400.00

Date of Receipt 11 / 17 / 2009
Transaction ID: 32303561
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Ernest Dale Brewer

Mailing Address 4498 Highway 2029

City Hueysville State KY Zip Code 41640-8967

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 11 / 17 / 2009
Transaction ID: 32304017
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 85
	<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) John D. Barnes	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 1005 Hardee Place	Transaction ID: 32304114
	City State Zip Code Alexandria VA 22304-1719	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Physical Therapy Association Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 867.87

B.	Full Name (Last, First, Middle Initial) Matthew Wayne Elrod	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 4782 Farndon Ct	Transaction ID: 32304187
	City State Zip Code Fairfax VA 22032-1913	Amount of Each Receipt this Period 19.24
	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 ▼ 365.56

C.	Full Name (Last, First, Middle Initial) Mary Jane Harris	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 6500 Langleigh Way	Transaction ID: 32304212
	City State Zip Code Alexandria VA 22315-3454	Amount of Each Receipt this Period 19.24
	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 ▼ 384.81

SUBTOTAL of Receipts This Page (optional)	76.95
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 85
(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)
Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City Herndon State VA Zip Code 20171-1828

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 ▼ 384.80

Date of Receipt 11 / 17 / 2009
Transaction ID: 32304234
 Amount of Each Receipt this Period 19.24

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

Mailing Address 5575 Vincent Gate Ter Unit 1447

City Alexandria State VA Zip Code 22312-2582

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 ▼ 320.00

Date of Receipt 11 / 17 / 2009
Transaction ID: 32304263
 Amount of Each Receipt this Period 40.00

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

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.38

Date of Receipt 11 / 17 / 2009
Transaction ID: 32304292
 Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► 97.71

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 34 / 85
(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)
Richard P Orsini

Mailing Address 104 Amaron Ln

City Staten Island State NY Zip Code 10307-1963

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32304453

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kenneth A. Olson

Mailing Address 1020 Berkshire Ct

City Sycamore State IL Zip Code 60178-3212

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

Name of Employer Northern Rehabilitation and Sports Med Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2009

Transaction ID: 32304799

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 78 Kenrick Plz

City Saint Louis State MO Zip Code 63119-4414

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

Name of Employer St. Louis Home Health Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 17 / 2009

Transaction ID: 32304838

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 35 / 85
(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)
Patrick J. VanBeveren

Mailing Address 727 Sumner Ave

City State Zip Code
Syracuse NY 13210-2925

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
11 / 17 / 2009

Transaction ID: 32304873

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1002 Abercorn PI

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2009

Transaction ID: 32305241

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Mr. Nathan Paul Click

Mailing Address 5144 Stonehaven Dr

City State Zip Code
Birmingham AL 35244-1991

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

Name of Employer Occupation
Therapy South PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32305242

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 36 / 85
(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)
James J. Dagostino

Mailing Address 3809 Plaza Dr Ste 112

City State Zip Code
Oceanside CA 92056-4625

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

Name of Employer
Dagostino Physical Therapy, Inc

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32305255

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Tracy Martin Law

Mailing Address 205 E Lamar St

City State Zip Code
Americus GA 31709-3632

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

Name of Employer
Accelerated Physical Therapy

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32305449

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Audrey M. Waldron

Mailing Address 5387 Manhattan Cir Ste 100A

City State Zip Code
Boulder CO 80303-4283

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
11 / 17 / 2009

Transaction ID: 32305457

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 37 / 85
	<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)
Paul A Rockar, Jr.

Mailing Address 3911 Murry Highlands Cir

City Murrysville State PA Zip Code 15668-1734

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

Name of Employer: Centers for Rehab Services Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2655.00

Date of Receipt: 11 / 17 / 2009

Transaction ID: 32305473

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Stephen Edward Anderson

Mailing Address 5623 178th Ave SE

City Bellevue State WA Zip Code 98006-5932

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

Name of Employer: Therapeutic Associates In-c. Occupation: PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 19 / 2009

Transaction ID: 32305505

Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Mr. Leslie F Durst

Mailing Address 521 S Santa Fe Ave Ste A

City Salina State KS Zip Code 67401-4162

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: 11 / 19 / 2009

Transaction ID: 32305507

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 85
	<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) Mindy Sue Marantz		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 1200 Gough St Ste 700		Transaction ID: 32305535		
	City San Francisco	State CA	Zip Code 94109-6650	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Healthwell Physical Therapy	Occupation PT	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Marc Scott Rubenstein		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 14 Heather Ct		Transaction ID: 32305536		
	City Plainsboro	State NJ	Zip Code 08536-1949	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jersey Physical Therapy	Occupation PT	Aggregate Year-to-Date 400.00		

C.	Full Name (Last, First, Middle Initial) Margot M. Miller		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 1105 Carlton Ave		Transaction ID: 32318272		
	City Cloquet	State MN	Zip Code 55720-1843	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Workwell Systems, Inc.	Occupation PT	Aggregate Year-to-Date 400.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 85
	<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) Scott Eugene Peterson		Date of Receipt
	Mailing Address 14800 W Mountain View Blvd Ste 260		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Surprise	AZ	85374-4797
	FEC ID number of contributing federal political committee. C		Transaction ID: 32319121
Name of Employer Northwest PT		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Jacquelyn Beaulieu Zimmerman		Date of Receipt
	Mailing Address 3405 S 117th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Omaha	NE	68144-4642
	FEC ID number of contributing federal political committee. C		Transaction ID: 32319240
Name of Employer Specialized Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Timothy Spooner		Date of Receipt
	Mailing Address 9097 E Desert Cove Dr Ste 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Scottsdale	AZ	85260-6276
	FEC ID number of contributing federal political committee. C		Transaction ID: 32319366
Name of Employer Spooner Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 85
	<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. Julie M. Lombardo	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 5411 Tonyawatha Trl	Transaction ID: 32320281
	City State Zip Code Monona WI 53716-2922	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capitol PT Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Jennifer Mahler Gamboa	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 865 N Nottingham St	Transaction ID: 32320418
	City State Zip Code Arlington VA 22205-1510	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Body Dynamics Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth Neil Simons	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 1068 Main St Ste A	Transaction ID: 32320551
	City State Zip Code Sanford ME 04073-3606	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orthopaedic Phys Ther Assoc Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00

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 41 / 85
(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)
Helene M. Fearon

Mailing Address 5226 E Via Buena Vis

City State Zip Code
Paradise Valley AZ 85253-2122

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32320674

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Steven T. Gough

Mailing Address 101 Forest Hills Rd

City State Zip Code
Pittsburgh PA 15221-3709

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

Name of Employer Allegheny Chesapeake PT Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32321648

Amount of Each Receipt this Period
500.00

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 ▼
750.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32321789

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 85
	<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) Randall G. Johnson		Date of Receipt
	Mailing Address 2904 4th Ave Ne		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Puyallup	WA	98372-7053
	FEC ID number of contributing federal political committee. C		Transaction ID: 32322116
Name of Employer Apple Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 5000.00	

B.	Full Name (Last, First, Middle Initial) Diane Platz		Date of Receipt
	Mailing Address PO Box 404		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Glenwood	NJ	07418-0404
	FEC ID number of contributing federal political committee. C		Transaction ID: 32322602
Name of Employer Elmer Platz Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

C.	Full Name (Last, First, Middle Initial) Joseph Michael King		Date of Receipt
	Mailing Address 900 Cleveland Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Batavia	IL	60510-2861
	FEC ID number of contributing federal political committee. C		Transaction ID: 32322709
Name of Employer Physical Therapy Advantage		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 85
(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)
Thomas Matthew Peterson

Mailing Address 1521 Northway Dr Ste 116

City State Zip Code
Saint Cloud MN 56303-1274

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

Name of Employer Occupation
Kinesis Physical Therapy Inc PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32322883

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Ms. J'Anna Lynne Post

Mailing Address 1188 106th Ave NE Ste 100

City State Zip Code
Bellevue WA 98004-8612

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

Name of Employer Occupation
Olympic Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2009

Transaction ID: 32323136

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Eric Russell Sacia

Mailing Address 520 Valley View Dr Ste 200

City State Zip Code
Moline IL 61265-6152

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

Name of Employer Occupation
Rock Valley Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32323646

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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 44 / 85
(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)
Randy Roesch

Mailing Address 44125 Rcr 46B

City State Zip Code
Steamboat Spr CO 80487-9525

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
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32324084

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Randy St. John

Mailing Address 317 S Drake Rd Ste C

City State Zip Code
Kalamazoo MI 49009-1171

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

Name of Employer Spine Physical Therapy Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32324195

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Nick John Haider

Mailing Address 2440 Stromberg Cir

City State Zip Code
Carlsbad CA 92010-2838

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
11 / 19 / 2009

Transaction ID: 32324509

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 85
	<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)
Anne Lamb

Mailing Address 1006 Prairie Ln NE

City Owatonna State MN Zip Code 55060-1977

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

Name of Employer In Touch Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2009

Transaction ID: 32325211

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Rick Wickstrom

Mailing Address 324 Oliver Rd

City Cincinnati State OH Zip Code 45215-2615

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

Name of Employer Workability Center Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32325586

Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
Richard K. Wright

Mailing Address 824 W Lewis St Ste 204

City Pasco State WA Zip Code 99301-5561

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

Name of Employer Columbia Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 32325865

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 85
(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)
Helen Owens

Mailing Address 12261 W 159th St

City State Zip Code
Homer Glen IL 60491-7847

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

Transaction ID: 32325991

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Susan Moore

Mailing Address 8859 Fox Dr Ste 300

City State Zip Code
Denver CO 80260-6831

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

Name of Employer Occupation
DIA Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32326736

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Brenda Horn

Mailing Address 626 W Kansas Ave

City State Zip Code
Chickasha OK 73018-3322

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

Transaction ID: 32327225

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 85
(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. Sally B. Oxley

Mailing Address 1901 Washington Blvd

City State Zip Code
Huntington WV 25701-5319

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

Name of Employer Occupation
Huntington Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 32328909
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Anne Slack

Mailing Address 1632A Big Thompson Ave

City State Zip Code
Estes Park CO 80517-8938

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

Name of Employer Occupation
Mountaintop Physical Therapy, P.C. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 32329278
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Louis B. Coiro

Mailing Address 885 Main St

City State Zip Code
Tewksbury MA 01876-1800

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: 11 / 17 / 2009
Transaction ID: 32330264
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1020.00**

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 48 / 85
(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)
Cindy Furey

Mailing Address 5677 Oberlin Dr Ste 106

City State Zip Code
San Diego CA 92121-1741

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

Name of Employer
Comprehensive Therapy Services
Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4166.70

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32336932

Amount of Each Receipt this Period
416.67

B.

Full Name (Last, First, Middle Initial)
Mr. Warren Dean McCall

Mailing Address 110 W Academy St

City State Zip Code
Williamston NC 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 ▼
450.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32336940

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Emily Margaret Breaux

Mailing Address 1103 Houma Highlands Ct

City State Zip Code
Houma LA 70360-6901

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

Name of Employer
LSUHSC
Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32336942

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ▶ **508.34**

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: PAGE 49 / 85
(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)
Boyd Alan Etter

Mailing Address 2375 Telluride Dr

City State Zip Code
Reno NV 89511-9134

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

Name of Employer
PTP Physical Therapy Partners

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32336991

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
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
ANMC

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32337003

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Michael H. Morgan

Mailing Address 264 Heights Rd

City State Zip Code
Darien CT 06820-4122

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

Name of Employer
Darien Physical Therapy Center

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32337014

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 50 / 85
	<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) Dennis P Langton		Date of Receipt
	Mailing Address 727 Live Oak Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	El Cajon	CA	92020-5633
	FEC ID number of contributing federal political committee. C		Transaction ID: 32337029
Name of Employer E&L and Associates Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Dr. Nancy B. Reese		Date of Receipt
	Mailing Address 201 S Donaghey Avenue, PTC 303		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Conway	AR	72035-5001
	FEC ID number of contributing federal political committee. C		Transaction ID: 32337030
Name of Employer University of Central Arkansas		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 895.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Jennifer Lynne Ford		Date of Receipt
	Mailing Address 557 Park St Apt 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Lewiston	ID	83501-2581
	FEC ID number of contributing federal political committee. C		Transaction ID: 32337032
Name of Employer St. Joseph Regional Medical Center		Occupation PTA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 85
(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. Jane S. Baldwin

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 ▼ 450.00

Date of Receipt 11 / 18 / 2009

Transaction ID: 32337043

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Kristin Von Nieda

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 ▼ 900.00

Date of Receipt 11 / 18 / 2009

Transaction ID: 32337067

Amount of Each Receipt this Period 100.00

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

Mailing Address 130 N Garland Ct Apt 3805

City Chicago State IL Zip Code 60602-4836

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

Name of Employer Physical Therapy Chicago Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2327.00

Date of Receipt 11 / 18 / 2009

Transaction ID: 32337080

Amount of Each Receipt this Period 250.00

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 52 / 85
	<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 McDavitt	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 49 Spring St Fl 3	Transaction ID: 32337097
	City State Zip Code Scarborough ME 04074-8926	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Luke Markert	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 1505 Oak HI	Transaction ID: 32337099
	City State Zip Code Corpus Christi TX 78418-5480	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer New Stride Physical Therapy	Occupation PTA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Anne-Marie Sirois	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 10 Tatomuck Rd	Transaction ID: 32337110
	City State Zip Code Pound Ridge NY 10576-1429	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 85
	<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) Cynthia Skiles		Date of Receipt
	Mailing Address 3910 Teays Valley Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Hurricane	WV	25526-9756
	FEC ID number of contributing federal political committee. C		Transaction ID: 32337125
Name of Employer Teays PT Center		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Sharon L. Dunn		Date of Receipt
	Mailing Address 5730 Marina Bay Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Shreveport	LA	71119-3918
	FEC ID number of contributing federal political committee. C		Transaction ID: 32337149
Name of Employer LSUHSC-Shreveport		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 485.00	

C.	Full Name (Last, First, Middle Initial) Jerry Klug		Date of Receipt
	Mailing Address 1475 1st Ave SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Jacksonville	AL	36265-3337
	FEC ID number of contributing federal political committee. C		Transaction ID: 32337151
Name of Employer AL Physical Rehab Service		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.33
		<input type="text"/> 833.32	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 358.33
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 85
	<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. Peter Barnett		Date of Receipt MM / DD / YYYY 11 / 18 / 2009		
	Mailing Address PO Box 319 194 2nd Ave		Transaction ID: 32337155		
	City Cedar Grove	State NJ	Zip Code 07009-0319	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

B.	Full Name (Last, First, Middle Initial) Eva Norman		Date of Receipt MM / DD / YYYY 11 / 18 / 2009		
	Mailing Address 11144 Hillsboro Ave N		Transaction ID: 32337227		
	City Champlin	State MN	Zip Code 55316-3128	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ortho Rehab Specialists		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00			

C.	Full Name (Last, First, Middle Initial) Dr. Barbara Sanders		Date of Receipt MM / DD / YYYY 11 / 18 / 2009		
	Mailing Address 6913 Nubian Ln		Transaction ID: 32337228		
	City Austin	State TX	Zip Code 78739-2203	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Texas State University		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

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: PAGE 55 / 85
(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)
Olive Whitehead

Mailing Address PO Box 37

City State Zip Code
Jackson AL 36545-0037

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

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32337233

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kathleen K. Mairella

Mailing Address 256 Whitford Ave

City State Zip Code
Nutley NJ 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 ▼
635.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32337336

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Rick Anthony Gawenda

Mailing Address 3368 Endsleigh Ln

City State Zip Code
Ypsilanti MI 48197-3209

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

Name of Employer Detroit Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32337343

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 85
(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)
Donald E. Berlyn

Mailing Address 1200 W Route 66

City State Zip Code
Flagstaff AZ 86001-6238

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 ▼
235.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: 32337344

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Timothy Dunlop

Mailing Address 3266 Resource Pkwy

City State Zip Code
Dekalb IL 60115-5330

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

Name of Employer Northern Rehab & Sports Med Assoc Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32347871

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kelly Marie Sanders

Mailing Address 3069 Tierra Mesa

City State Zip Code
Atascadero CA 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 ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32348041

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 85
(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)
Lambert K. Quartey

Mailing Address 407 W State Hwy 495

City State Zip Code
San Juan TX 78589-3717

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32348902

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Onuwa Djyata Terry

Mailing Address 1918 E Griffin Pkwy

City State Zip Code
Mission TX 78572-3106

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

Name of Employer Occupation
Terry Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32349408

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Brian Lee White

Mailing Address 6180 S Tarrega Ln

City State Zip Code
Meridian ID 83642-7201

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

Name of Employer Occupation
Mountain Land Rehabilitation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32349809

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 58 / 85
	<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)
Catherine Hill

Mailing Address 540 White Spruce Blvd

City State Zip Code
Rochester NY 14623-1613

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

Name of Employer
Physical Therapy Services of Rochester

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32350770

Amount of Each Receipt this Period
500.00

B.

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 Associa-tes

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2320.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32350943

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Matthew Eakins Seabrook

Mailing Address 1573 Campus Dr

City State Zip Code
Maple Glen PA 19002-3308

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

Name of Employer
Dresher Physical Therapy

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 32351110

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 85
	<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. Casey Kern	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 1213 Woodwind Trl	Transaction ID: 32351223
	City State Zip Code Haslett MI 48840-8994	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Therapy Institute PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Stephen Mark Levine	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 7520 NW 12th St	Transaction ID: 32353019
	City State Zip Code Plantation FL 33313-5922	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rehabilitation Consulting & Resource I PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2035.00	

C.	Full Name (Last, First, Middle Initial) Keith A Glasser	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 1111 SW 10th Ave	Transaction ID: 32353164
	City State Zip Code Portland OR 97205-2411	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Optional Result PT & Golf Conditioning PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

SUBTOTAL of Receipts This Page (optional)	▶	1025.00
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 60 / 85
(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)
Nanette Vrana

Mailing Address 299 Buckingham Rd

City State Zip Code
Pittsburgh PA 15215-1562

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

Name of Employer
Fox Chapel Physical Therapy

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32353999

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 70 Longuevue Dr

City State Zip Code
Pittsburgh PA 15228-1539

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

Name of Employer
OSPTA

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
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32453218

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 445 Park Ave

City State Zip Code
Glencoe IL 60022-1527

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 ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 32454828

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 85

(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)

Linda E Arslanian

Mailing Address 230 Bray St

City State Zip Code
Gloucester MA 01930-1551

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

Name of Employer Occupation
Health Partners PT

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

Date of Receipt

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

Transaction ID: 32454834

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Anne W Thompson

Mailing Address 124 Cherryfield Ln

City State Zip Code
Savannah GA 31419-9095

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

Name of Employer Occupation
Armstrong State University PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 612.00

Date of Receipt

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

Transaction ID: 32454835

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Craig A. Moore

Mailing Address PO Box 160453

City State Zip Code
Altamonte Springs FL 32716-0453

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

Name of Employer Occupation
Florida Hospital Rehabilitation & Spor PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.00

Date of Receipt

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

Transaction ID: 32454836

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 62 / 85
	<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) Mr. Gregory Kent Smith	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 40220 Circle Hill Dr	Transaction ID: 32454842
	City State Zip Code Murrieta CA 92562-5847	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rancho Physical Therapy PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Jeanine Marie Gunn	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 6670 Loveland Miamiville Rd	Transaction ID: 32454843
	City State Zip Code Loveland OH 45140-8732	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 1035.00	

C.	Full Name (Last, First, Middle Initial) Ira Gorman	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 254 Mary Beth Rd	Transaction ID: 32454844
	City State Zip Code Evergreen CO 80439-4312	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Regis University PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

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 63 / 85
	<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) Dr. Lisa Kristine Saladin	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	Mailing Address 1325 Overcreek Ct	Transaction ID: 32454850
	City State Zip Code Mount Pleasant SC 29464-9490	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MUSC PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	

B.	Full Name (Last, First, Middle Initial) David Vincent Powers	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	Mailing Address 1583 Calle Patricia Ste 200	Transaction ID: 32454851
	City State Zip Code Pacific Palisades CA 90272-1942	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ultimate Rehab PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Catherine E Patla	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	Mailing Address 19 Dolphin Dr	Transaction ID: 32454852
	City State Zip Code St Augustine FL 32080-4530	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Augustine University PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 64 / 85
(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)
Mary Pat Corrigan Jobs

Mailing Address 977 Giaroli St

City State Zip Code
Memphis TN 38122-1934

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

Name of Employer Occupation
Methodist Health PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: 32454854

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms. Lynda D. Brown

Mailing Address 850 Road 5

City State Zip Code
Powell WY 82435-8422

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

Name of Employer Occupation
Advantage Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: 32454862

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Richard L Bettesworth

Mailing Address 723 N 71st St

City State Zip Code
Seattle WA 98103-5128

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

Name of Employer Occupation
Swedish Medical Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: 32454869

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 65 / 85
	<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) Kathryn B. Stenslie		Date of Receipt
	Mailing Address 6201 River Rd. Apt. 205		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Columbus	GA	31904-4557
	FEC ID number of contributing federal political committee.		Transaction ID: 32454875
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00	
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 ▼	
		<input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. David A. Pariser		Date of Receipt
	Mailing Address 5319 Manor Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Crestwood	KY	40014-8845
	FEC ID number of contributing federal political committee.		Transaction ID: 32454878
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 60.00	
Name of Employer Bellarmine University		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 590.00	

C.	Full Name (Last, First, Middle Initial) Victoria S T Tilley		Date of Receipt
	Mailing Address 1101 Bartlett Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Hillsborough	NC	27278-6772
	FEC ID number of contributing federal political committee.		Transaction ID: 32454881
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 100.00	
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 ▼	
		<input type="text"/> 700.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 210.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 85
	<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 Unger		Date of Receipt
	Mailing Address 443 Wentz St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Kutztown	PA	19530-1033
	FEC ID number of contributing federal political committee. C		Transaction ID: 32454884
Name of Employer Cellfication Inc.		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 950.00	

B.	Full Name (Last, First, Middle Initial) Sheila K. Nicholson		Date of Receipt
	Mailing Address 6143 Whimbrelwood Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Lithia	FL	33547-4101
	FEC ID number of contributing federal political committee. C		Transaction ID: 32454885
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 900.00	

C.	Full Name (Last, First, Middle Initial) Ms. Gretchen A. Seif		Date of Receipt
	Mailing Address 1970 Pierce St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Daniel Island	SC	29492-7988
	FEC ID number of contributing federal political committee. C		Transaction ID: 32454886
Name of Employer MUSC		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 605.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 85
	<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. Angela Wilson Pennisi

Mailing Address 901 Hinman Ave Apt 2F

City State Zip Code
Evanston IL 60202-1820

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

Name of Employer Occupation
LakeShore Sports Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 32454909

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Amar Navinbhai Patel

Mailing Address 24465 Thatcher Dr

City State Zip Code
Novi MI 48375-2365

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

Transaction ID: 32454914

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
William T Chapin

Mailing Address 92 Limewood Ave Unit B5

City State Zip Code
Branford CT 06405-5338

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 32454972

Amount of Each Receipt this Period
250.00

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 68 / 85
	<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)
Patricia Young Naylor

Mailing Address 3535 Pierland Dr

City State Zip Code
Pocahontas IL 62275-1541

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

Name of Employer Occupation
Maryville University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 32454973

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms. Carrie Clark Hawkins

Mailing Address 2537 Saratoga Dr

City State Zip Code
Louisville KY 40205-2024

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

Name of Employer Occupation
KORT PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 32454991

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Jason Allen Kooi

Mailing Address 14998 Robinwood Ct

City State Zip Code
Grand Haven MI 49417-9542

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

Transaction ID: 32455044

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 69 / 85
	<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 Moss Young		Date of Receipt
	Mailing Address PO Box 987		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Summersville	WV	26651-0987
	FEC ID number of contributing federal political committee. C		Transaction ID: 32455045
Name of Employer Mountaineer Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Timothy Schell		Date of Receipt
	Mailing Address 201 Erie St Ste B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Grove City	PA	16127-1659
	FEC ID number of contributing federal political committee. C		Transaction ID: 32455048
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mark Whitley		Date of Receipt
	Mailing Address 606 N Pines Rd Ste 102		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Spokane Valley	WA	99206-6711
	FEC ID number of contributing federal political committee. C		Transaction ID: 32455062
Name of Employer Inland PT And Sports Rehab		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 85
(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

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-PA)

A.

Full Name (Last, First, Middle Initial)
Beverly Stewart

Mailing Address 1036 Olean Rd

City State Zip Code
East Aurora NY 14052-9738

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

Transaction ID: 32455063

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Lana Svien

Mailing Address 414 E Clark St

City State Zip Code
Vermillion SD 57069-2307

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

Name of Employer Occupation
Univ of South Dakota PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 32456273

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Earle Barnard

Mailing Address 1101 Clydes Dr

City State Zip Code
Williamston NC 27892-8241

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

Name of Employer Occupation
Roanoke Therapeutic Services Inc 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
1 1 / 1 3 / 2 0 0 9

Transaction ID: 32459186

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 71 / 85
	<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) Janet L. Downey		Date of Receipt
	Mailing Address 4585 Lancaster Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Clarkston	MI	48348-3657
	FEC ID number of contributing federal political committee. C		Transaction ID: 32459204
Name of Employer Hurley Medical Center		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2005.00	

B.	Full Name (Last, First, Middle Initial) Jason Michael Henry		Date of Receipt
	Mailing Address 1935 Lake Circle Dr E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Saginaw	MI	48609-9476
	FEC ID number of contributing federal political committee. C		Transaction ID: 32459215
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Sue Schuerman		Date of Receipt
	Mailing Address 1330 Fragrant Spruce Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Las Vegas	NV	89123-5357
	FEC ID number of contributing federal political committee. C		Transaction ID: 32459230
Name of Employer UNLV		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 85
	<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) John D. Barnes	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 1005 Hardee Place	Transaction ID: 32467131
	City State Zip Code Alexandria VA 22304-1719	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
Name of Employer American Physical Therapy Association	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 906.34	

B.	Full Name (Last, First, Middle Initial) Matthew Wayne Elrod	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 4782 Farndon Ct	Transaction ID: 32467135
	City State Zip Code Fairfax VA 22032-1913	Amount of Each Receipt this Period 19.24
	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 ▼ 384.80	

C.	Full Name (Last, First, Middle Initial) Mary Jane Harris	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 6500 Langleigh Way	Transaction ID: 32467139
	City State Zip Code Alexandria VA 22315-3454	Amount of Each Receipt this Period 19.24
	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 ▼ 404.05	

SUBTOTAL of Receipts This Page (optional)	76.95
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 73 / 85
(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)
Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City Herndon State VA Zip Code 20171-1828

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 ▼ 404.04

Date of Receipt 11 / 24 / 2009

Transaction ID: 32467141

Amount of Each Receipt this Period 19.24

B.

Full Name (Last, First, Middle Initial)
Karen Jost

Mailing Address 5575 Vincent Gate Ter Unit 1447

City Alexandria State VA Zip Code 22312-2582

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 ▼ 360.00

Date of Receipt 11 / 24 / 2009

Transaction ID: 32467143

Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.85

Date of Receipt 11 / 24 / 2009

Transaction ID: 32467144

Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► 97.71

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 74 / 85
	(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-PA)

A.	Full Name (Last, First, Middle Initial) Tracey L. Decker		Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 16 Turtle Creek Dr		Transaction ID: 32471580
	City Mullica Hill	State NJ	Zip Code 08062-2800
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Underwood Memorial Hospital	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Debra L. Powell		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address PO Box 37 1711 College Avenue		Transaction ID: 32475807
	City Jackson	State AL	Zip Code 36545-0037
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Health Actions	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Nancy E. Byl		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 12961 Skyline Blvd		Transaction ID: 32477248
	City Oakland	State CA	Zip Code 94619-3533
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer University of California-San Francisco	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 75 / 85	
	(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"/> 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) Diane Casey		Date of Receipt																					
	Mailing Address 15862 Manes Grove		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	8	/	2	0	0	9														
	City State Zip Code San Antonio TX 78247-5802		Transaction ID: 32477249																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																					
Name of Employer Self-Employed Occupation PT		Aggregate Year-to-Date ▼ 350.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	74288.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 76 / 85	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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-PA)

A.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address Old Town Branch King Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 32667493
	Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="146.35"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="705.64"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="146.35"/>
TOTAL This Period (last page this line number only)	<input type="text" value="146.35"/>

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) Walden For Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Gregory Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32454142 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Andre Carson For Congress <hr/> Mailing Address P.O. Box 1863 <hr/> City Indianapolis State IN Zip Code 46206 <hr/> Purpose of Disbursement <hr/> Candidate Name Andre Carson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32454143 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. David Wayne Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32454144 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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-PA)

A.	Full Name (Last, First, Middle Initial) Price For Congress Committee	Transaction ID: 32454145 Date of Disbursement 11 / 20 / 2009
	Mailing Address P. O. Box 1986	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. David Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC 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) People For Pearce	Transaction ID: 32454199 Date of Disbursement 11 / 20 / 2009
	Mailing Address PO Box 2696	Amount of Each Disbursement this Period 1000.00
	City Hobbs State NM Zip Code 88240	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Steve Pearce	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress	Transaction ID: 32454200 Date of Disbursement 11 / 20 / 2009
	Mailing Address 1001 Brickell Bay Drive 9th Floor	Amount of Each Disbursement this Period 1000.00
	City Miami State FL Zip Code 33131	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Lincoln Diaz-Balart	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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-PA)

A. Full Name (Last, First, Middle Initial)
Kissell For Congress

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Larry Kissell

Office Sought: House Senate President
State: NC District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32454201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Dave Wu For Us Congress

Mailing Address 818 Sw Third Ave. #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. David Wu

Office Sought: House Senate President
State: OR District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32454202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Butterfield for Congress Committee

Mailing Address 800 W. Hines Street

City Wilson State NC Zip Code 27893

Purpose of Disbursement 011 Category/Type

Candidate Name G. K. Butterfield

Office Sought: House Senate President
State: NC District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32454203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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.	<p>Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 224 18th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 17</p>	<p>Transaction ID: 32454204</p> <p>Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress</p> <p>Mailing Address P. O. Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Sanford D. Bishop, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 02</p>	<p>Transaction ID: 32454205</p> <p>Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) Friends of Joe Pitts Committee</p> <p>Mailing Address P.O. Box 2776</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement</p> <p>Candidate Name Joseph Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 16</p>	<p>Transaction ID: 32454206</p> <p>Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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-PA)

A. Full Name (Last, First, Middle Initial)
Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Tim Murphy

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: PA District: 18

Transaction ID: 32454207

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
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: 2010 Primary General Other (specify) ▼

State: NC District:

Transaction ID: 32454208

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
New Pioneers PAC

Mailing Address 228 S. Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 011 Category/Type

Candidate Name New Pioneers PAC

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

State: District:

Transaction ID: 32454209

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) Friends Of Sherrod Brown <hr/> Mailing Address PO Box 76187 Suite 800 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Sherrod Brown <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DC District:	Transaction ID: 32454210 Date of Disbursement 11 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Mr. Michael Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04	Transaction ID: 32454211 Date of Disbursement 11 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) Latham For Congress <hr/> Mailing Address P.O. Box 71 PO Box 71 <hr/> City Clarion State IA Zip Code 50525 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Mr. Tom Latham <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 05	Transaction ID: 32454212 Date of Disbursement 11 / 20 / 2009 <hr/> 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-PA)

A. Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Richard Neal

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MA District: 02

Transaction ID: 32454213
Date of Disbursement

11 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Timothy J. Walz

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MN District: 01

Transaction ID: 32454214
Date of Disbursement

11 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

011
Category/
Type

Candidate Name
Nydia Velazquez

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MD District: 12

Transaction ID: 32454215
Date of Disbursement

11 / 20 / 2009

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-PA)

A.	Full Name (Last, First, Middle Initial) Fleming For Congress	Transaction ID: 32454216 Date of Disbursement 11 / 20 / 2009
	Mailing Address P.O. Box 1236 Box 281	Amount of Each Disbursement this Period 1000.00
	City Minden State LA Zip Code 71058	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John C. Fleming, MD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA 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) Dan 10	Transaction ID: 32454217 Date of Disbursement 11 / 20 / 2009
	Mailing Address 1088 Bishop Street Suite 1009	Amount of Each Disbursement this Period 2000.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Daniel K. Inouye	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens For Turner	Transaction ID: 32454218 Date of Disbursement 11 / 20 / 2009
	Mailing Address 120 W. Second Street, Suite 1510	Amount of Each Disbursement this Period 1000.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Michael R. (Mike) Turner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<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)

Citizens For Harkin

Mailing Address P O Box 811

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. Thomas Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Transaction ID: 32454219

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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