

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2010 through 07 31 2010

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 08 18 2010

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		539912.17
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	551971.60									
(c) Total Receipts (from Line 19)	47183.49	378412.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	599155.09	918324.47								
7. Total Disbursements (from Line 31)	73500.00	392669.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	525655.09	525655.09								
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)	23611.36	164164.17
(ii) Unitemized	22434.23	212397.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46045.59	376561.29
(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)	46045.59	376561.29
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	25.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	137.90	826.01
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))	47183.49	378412.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47183.49	378412.30

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.....	73500.00	389865.45
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	2803.93
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))..	73500.00	392669.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73500.00	392669.38

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)	46045.59	376561.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46045.59	376561.29
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	25.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-25.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 65
(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)
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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35463342

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Dr David M. Morris

Mailing Address 908 57th St S

City State Zip Code
Birmingham AL 35212-4022

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

Name of Employer Occupation
Univ of Alabama at Birmingham PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35464411

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms Jane S. Baldwin

Mailing Address 12 9th St Apt 603

City State Zip Code
Medford MA 02155-5165

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35467162

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 65
(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)
Sheila K. Nicholson
Mailing Address 6143 Whimbrelwood Dr
City Lithia State FL Zip Code 33547-4101
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 M M / D D / Y Y Y Y
07 / 08 / 2010
Transaction ID: 35467171
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Julie Lee Rosen
Mailing Address 445 Park Ave
City Glencoe State IL Zip Code 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 ▼ 435.00
Date of Receipt M M / D D / Y Y Y Y
07 / 08 / 2010
Transaction ID: 35467177
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Jay H. Segal
Mailing Address 1537 Bent River Cir
City Birmingham State AL Zip Code 35216-5394
FEC ID number of contributing federal political committee. **C**
Name of Employer HPRC Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00
Date of Receipt M M / D D / Y Y Y Y
07 / 08 / 2010
Transaction ID: 35467178
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 65
(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)
Ms Margaret M. Grey

Mailing Address 10 Drummond Rd

City Enfield State CT Zip Code 06082-2532

FEC ID number of contributing federal political committee. C

Name of Employer Grey Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 08 / 2010
Transaction ID: 35467180

Amount of Each Receipt this Period 50.00

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

Mailing Address 1010 17th Ave S

City Brookings State SD Zip Code 57006-4099

FEC ID number of contributing federal political committee. C

Name of Employer Lake Area Technical Institute Occupation PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 08 / 2010
Transaction ID: 35467181

Amount of Each Receipt this Period 84.00

C. Full Name (Last, First, Middle Initial)
Mr Alan B. Crothers

Mailing Address 2388 W Cogburn St

City Meridian State ID Zip Code 83642-7174

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 08 / 2010
Transaction ID: 35467188

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 184.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 65
	<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) Ms Sundi M. Hondl		Date of Receipt
	Mailing Address 5055 E Fernwood 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 07 / 08 / 2010
	City	State	Zip Code
	Wasilla	AK	99654-4421
	FEC ID number of contributing federal political committee. C		Transaction ID: 35467189
Name of Employer Excel Physical Therapy Ltd		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"/> 350.00	

B.	Full Name (Last, First, Middle Initial) Ms Jennifer Ann Lesko		Date of Receipt
	Mailing Address 702 2nd Ave W Apt 205		<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 07 / 08 / 2010
	City	State	Zip Code
	Seattle	WA	98119-3771
	FEC ID number of contributing federal political committee. C		Transaction ID: 35467195
Name of Employer Therapeutic Associates		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"/> 350.00	

C.	Full Name (Last, First, Middle Initial) Richard Andrew Bolinger		Date of Receipt
	Mailing Address 1810 Galen 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 07 / 08 / 2010
	City	State	Zip Code
	Johnson City	TN	37604-7206
	FEC ID number of contributing federal political committee. C		Transaction ID: 35467216
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"/> 36.50
		<input type="text"/> 280.50	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 136.50
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 10 / 65
(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)
Shanna E. Fitton

Mailing Address 1010 Grinnell St Unit C

City State Zip Code
Key West FL 33040-3297

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 ▼
255.50

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35467221

Amount of Each Receipt this Period
36.50

B.

Full Name (Last, First, Middle Initial)
Karen Elaine Ryan

Mailing Address 1434 S Gaylord St

City State Zip Code
Denver CO 80210-2341

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

Name of Employer Back to Motion Occupation
PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35467224

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Gus F H Posthumus Meyjes

Mailing Address 8872 Professional Dr Ste C

City State Zip Code
Cadillac MI 49601-8482

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

Name of Employer Dynamic Physical Therapy Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35467234

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **661.50**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 65
(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)
Pamela Kay Petsopoulos
Mailing Address 9046 Merrimoor Blvd
City Largo State FL Zip Code 33777-3140
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 07 / 08 / 2010
Transaction ID: 35666490
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr C Raymond Schaney
Mailing Address 300 State St Ste 104 Bayfront Professional Bldg
City Erie State PA Zip Code 16507-1428
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Therapeutics Inc Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 08 / 2010
Transaction ID: 35666497
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dena Kay Aitken
Mailing Address 70 Remington Dr W
City Lewisville State TX Zip Code 75077-4006
FEC ID number of contributing federal political committee. **C**
Name of Employer Greater Therapy Centers Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 08 / 2010
Transaction ID: 35666509
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 65
(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)
Daniel K. Distin

Mailing Address 5060 Cascade Rd SE Ste A

City State Zip Code
Grand Rapids MI 49546-3808

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

Name of Employer
Center for Physical Rehabilitation

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35666513

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dahlia Fahmy

Mailing Address 412 W 31st St

City State Zip Code
Chicago IL 60616-3116

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

Name of Employer
Sports & Ortho

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35666526

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr Victor G. Vaughan

Mailing Address 1732 Whitney Ave Apt 2

City State Zip Code
Hamden CT 06517-1925

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

Name of Employer
Integrated Rehab

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35666728

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 65
(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)
Larry Charles Feeler

Mailing Address 4407 N Grandview Ave

City Odessa State TX Zip Code 79762-5311

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

Name of Employer Odessa Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 08 / 2010
Transaction ID: 35666870
 Amount of Each Receipt this Period: 600.00

B.

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

Mailing Address Box 52 UTMC
1924 Alcoa Hwy

City Knoxville State TN Zip Code 37901-0052

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

Name of Employer University of Tennessee Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 08 / 2010
Transaction ID: 35666889
 Amount of Each Receipt this Period: 45.00

C.

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

Mailing Address 7500 Woodmont Ave Apt 1209

City Bethesda State MD Zip Code 20814-5384

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

Name of Employer NIH Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 07 / 08 / 2010
Transaction ID: 35666893
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1145.00**

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 / 65
(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)
Connie Hauser

Mailing Address 235 S Main St

City State Zip Code
Barbourville KY 40906-1117

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

Name of Employer Occupation
Kentucky Physical Therapy & Rehab, Inc PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: 35666894

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Shawne E. Soper

Mailing Address 512 Diane Ln

City State Zip Code
Richmond VA 23227-1539

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

Name of Employer Occupation
Sheltering Arms PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: 35666895

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City State Zip Code
Mount Pleasant SC 29464-9490

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

Name of Employer Occupation
MUSC PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
820.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: 35666896

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: PAGE 15 / 65
(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)
John D. Barnes

Mailing Address 1005 Hardee Place

City State Zip Code
Alexandria VA 22304-1719

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

Name of Employer American Physical Therapy Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.58

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35666992

Amount of Each Receipt this Period
38.47

B.

Full Name (Last, First, Middle Initial)
Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City State Zip Code
Fairfax VA 22032-1913

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

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.36

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35667005

Amount of Each Receipt this Period
19.24

C.

Full Name (Last, First, Middle Initial)
Mary Jane Harris

Mailing Address 6500 Langleigh Way

City State Zip Code
Alexandria VA 22315-3454

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

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 35667017

Amount of Each Receipt this Period
19.24

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 16 / 65
(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 ▼ 269.36

Date of Receipt 07 / 08 / 2010
Transaction ID: 35667029
 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 ▼ 560.00

Date of Receipt 07 / 08 / 2010
Transaction ID: 35667044
 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 ▼ 538.58

Date of Receipt 07 / 08 / 2010
Transaction ID: 35667055
 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 17 / 65
(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)
Karen Kay H Goad

Mailing Address 45 Idlewild St

City Lumberton State TX Zip Code 77657-6934

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

Name of Employer St. Elizabeth Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2010

Transaction ID: 35667881

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Susan Elizabeth Spagnoli

Mailing Address 9 Birch Hollow Ct

City Stony Brook State NY Zip Code 11790-1847

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

Name of Employer Spagnoli Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2010

Transaction ID: 35667973

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jim M McLean

Mailing Address PO Box 767

City Frenchtown State MT Zip Code 59834-0767

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

Name of Employer Frenchtown PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2010

Transaction ID: 35673029

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 65
	<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 White		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 1695 Peach Ave		Transaction ID: 35684264		
	City Memphis	State TN	Zip Code 38112-5215	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	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) Kathryn B. Stenslie		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 6201 River Rd. Apt. 205		Transaction ID: 35718198		
	City Columbus	State GA	Zip Code 31904-4557	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PT Pros	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mr Darren Olson Marchant		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 210 N Sandhill Blvd Ste B		Transaction ID: 35825973		
	City Mesquite	State NV	Zip Code 89027-4789	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Virgin Valley PT	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 65
(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 ▼
1200.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827325

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jerry Klug

Mailing Address 1475 1st Ave SW

City State Zip Code
Jacksonville AL 36265-3337

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

Name of Employer
AL Physical Rehab Service
Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1458.35

Date of Receipt
MM / DD / YYYY
07 / 14 / 2010

Transaction ID: 35827327

Amount of Each Receipt this Period
208.37

C.

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

Mailing Address 4191 Westcott Dr NE

City State Zip Code
Iowa City IA 52240-7788

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

Name of Employer
Progressive Rehab Associates
Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1785.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827334

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **558.37**

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 / 65
(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 Frank Cosmo Fantazzi

Mailing Address 4720 Lincrest Dr

City State Zip Code
Brookfield WI 53045-1123

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

Name of Employer Occupation
PT Plus PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2010

Transaction ID: 35827337

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 429 High Rd

City State Zip Code
Cary IL 60013-2630

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

Name of Employer Occupation
Cary Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2010

Transaction ID: 35827423

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Belinda Hays

Mailing Address PO Box 1192

City State Zip Code
Seymour IN 47274-3792

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

Name of Employer Occupation
Progressive Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2010

Transaction ID: 35827424

Amount of Each Receipt this Period
250.00

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 21 / 65
(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)
Laurie Jean Johnson

Mailing Address 430 Hartley Pl

City Duluth State MN Zip Code 55803-2473

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

Name of Employer Workwell Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35827426
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Paul O. Kraushaar

Mailing Address 1737 Arbor Oaks Dr

City Muscatine State IA Zip Code 52761-2623

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

Name of Employer Muscatine Physical Therapy Services Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35827431
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Todd J. Martin

Mailing Address 1545 Verano Way

City Nipomo State CA Zip Code 93444-9793

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

Name of Employer PRO-PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35827433
 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: PAGE 22 / 65

(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)

Russell R. Nieland

Mailing Address 1420 London Rd Ste 102

City State Zip Code
Duluth MN 55805-2437

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

Name of Employer Occupation
Northern Arm & Hand Center PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: 35827436

Amount of Each Receipt this Period

50.00

B.

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 Occupation
Le Mars Physical Therapy PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: 35827438

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lydia Radosevich

Mailing Address 439 Mechem Dr

City State Zip Code
Ruidoso NM 88345-6813

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

Name of Employer Occupation
Ruidoso Physical Therapy PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: 35827440

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 23 / 65
	<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 J. Rankin

Mailing Address 15050 King Rd

City Danvers State IL Zip Code 61732-8446

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

Name of Employer Professional Therapy Services, Inc. Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2010

Transaction ID: 35827441

Amount of Each Receipt this Period 50.00

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

Mailing Address 317 S Drake Rd Ste C

City Kalamazoo State MI Zip Code 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 ▼ 700.00

Date of Receipt 07 / 15 / 2010

Transaction ID: 35827447

Amount of Each Receipt this Period 100.00

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

Mailing Address 12660 W Cherrytree Ln

City New Berlin State WI Zip Code 53151-7600

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 07 / 15 / 2010

Transaction ID: 35827448

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: PAGE 24 / 65
(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)
Paul J. Welk

Mailing Address 278 Walnut St

City State Zip Code
Blawnox PA 15238-3331

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

Name of Employer Occupation
Tucker Law PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827450

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr James Edward Zachazewski

Mailing Address 47 Fuller Brook Ave

City State Zip Code
Needham MA 02492-1226

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

Name of Employer Occupation
Massachusetts General Hos- PT
pital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827530

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mary Pat Corrigan Jobes

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827531

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: PAGE 25 / 65
(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 Amy Kathleen Christiaens

Mailing Address 30905 S Pine Grove Rd

City State Zip Code
Cheney WA 99004-9306

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

Name of Employer Occupation
Apex Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827540

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Thomas DiAngelis

Mailing Address 6670 Loveland Miamiville Rd

City State Zip Code
Loveland OH 45140-8732

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

Name of Employer Occupation
Comprehensive Physical Therapy Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827542

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms Jennifer Mahler Gamboa

Mailing Address 865 N Nottingham St

City State Zip Code
Arlington VA 22205-1510

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

Name of Employer Occupation
Body Dynamics PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827546

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 26 / 65
(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)
Nylin J Johnson

Mailing Address 1188 Sportsplex Dr Ste 101

City State Zip Code
Kaysville UT 84037-9591

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

Name of Employer Occupation
Mountain Land Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827548

Amount of Each Receipt this Period
100.00

B.

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 ▼ 385.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35827550

Amount of Each Receipt this Period
50.00

C.

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: 35830613

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 65
(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)
Timothy Lyons

Mailing Address 364 Private Road 8581

City Winnsboro State TX Zip Code 75494-8092

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35830614
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Jennifer Lynne Ford

Mailing Address 557 Park St Apt 6

City Lewiston State ID Zip Code 83501-2581

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

Name of Employer St. Joseph Regional Medical Center Occupation PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35830616
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Anne-Marie Sirois

Mailing Address 10 Tatomuck Rd

City Pound Ridge State NY Zip Code 10576-1429

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: 07 / 15 / 2010
Transaction ID: 35830619
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 65
	<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 K. Mairella		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 256 Whitford Ave		Transaction ID: 35830620		
	City Nutley	State NJ	Zip Code 07110-1820	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 ▼ 535.00			

B.	Full Name (Last, First, Middle Initial) David W. Perry		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 2065 Van Antwerp St		Transaction ID: 35830622		
	City Grosse Pointe Wood	State MI	Zip Code 48236-1622	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baker College of Allen Park		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) Dr Barbara Sanders		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 6913 Nubian Ln		Transaction ID: 35830624		
	City Austin	State TX	Zip Code 78739-2203	Amount of Each Receipt this Period 100.00	
	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 ▼ 350.00			

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 29 / 65
(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)
Dennis P. Langton

Mailing Address 727 Live Oak Dr

City State Zip Code
El Cajon CA 92020-5633

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35830625
Amount of Each Receipt this Period: 50.00

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

Mailing Address 15 Lisa Ln

City State Zip Code
Ithaca NY 14850-1762

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: 35830626
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Ms Victoria S T Tilley

Mailing Address 1101 Bartlett Cir

City State Zip Code
Hillsborough NC 27278-6772

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: 07 / 15 / 2010
Transaction ID: 35830630
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 65
(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)
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 ▼ 500.00

Date of Receipt 07 / 15 / 2010
Transaction ID: 35830633
 Amount of Each Receipt this Period 100.00

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

Mailing Address 418 Route 515

City Vernon State NJ Zip Code 07462-3027

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 15 / 2010
Transaction ID: 35830635
 Amount of Each Receipt this Period 100.00

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

Mailing Address 55 Spring St Unit B

City Scarborough State ME Zip Code 04074-8926

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 07 / 15 / 2010
Transaction ID: 35830636
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 65
	<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) Rick Anthony Gawenda		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 7913 Creek Bend Dr		Transaction ID: 35830641		
	City Ypsilanti	State MI	Zip Code 48197-6204	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Detroit Medical Center	Occupation PT	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Jonathan David Ely		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 3518 Armour St		Transaction ID: 35858833		
	City Port Huron	State MI	Zip Code 48060-2265	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Aggregate Year-to-Date 350.00		

C.	Full Name (Last, First, Middle Initial) Robert B. Wood		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 203 S Interstate 35 Ste 203		Transaction ID: 35858838		
	City Georgetown	State TX	Zip Code 78628-4125	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Georgetown Physical Therapy	Occupation PT	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 65
	(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)
Pamela G. Unger

Mailing Address 443 Wentz St

City Kutztown State PA Zip Code 19530-1033

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

Name of Employer Cellfication Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: 35860577
Amount of Each Receipt this Period: 100.00

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

Mailing Address 2545 Parker Trl

City Gainesville State GA Zip Code 30506-1831

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

Name of Employer Gainesville Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 19 / 2010
Transaction ID: 35861288
Amount of Each Receipt this Period: 250.00

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

Mailing Address 5677 Oberlin Dr Ste 106

City San Diego State CA Zip Code 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 ▼ 1100.00

Date of Receipt: 07 / 10 / 2010
Transaction ID: 35864411
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: PAGE 33 / 65
(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)
Neva F Greenwald

Mailing Address PO Box 4823

City Jackson State MS Zip Code 39296-4823

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

Name of Employer University of Mississippi Medical Cent Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 07 / 12 / 2010

Transaction ID: 35864413

Amount of Each Receipt this Period 100.00

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 ▼ 3500.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35892959

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr Alan J. Howell

Mailing Address 5400 Kennedy Ave

City Cincinnati State OH Zip Code 45213-2664

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35892979

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 34 / 65
(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)
John Hendrickson

Mailing Address 8911 N Port Washington Rd

City State Zip Code
Milwaukee WI 53217-1634

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

Name of Employer Occupation
Sport Clinic PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35892980

Amount of Each Receipt this Period
100.00

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

Mailing Address 800 Compton Rd Unit 3

City State Zip Code
Cincinnati OH 45231-3846

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 ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35892981

Amount of Each Receipt this Period
250.00

C. 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 ▼ 250.02

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35892997

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **391.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 65
	<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) Chad M Novasic	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 1300 S Green Bay Rd Ste 205	Transaction ID: 35892998
	City State Zip Code Racine WI 53406-4469	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer P.T. Plus	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Zoe Fackelman	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 241 Parrish St Ste A	Transaction ID: 35893020
	City State Zip Code Canandaigua NY 14424-1727	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Lake Country Physical Therapy & Sports	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Dr David A. Pariser	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 5319 Manor Ct	Transaction ID: 35893021
	City State Zip Code Crestwood KY 40014-8845	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 420.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 / 65
<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 Greg Joseph LeBlanc		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 16313 Spanish Ct		Transaction ID: 35893029		
	City Greenwell Springs	State LA	Zip Code 70739-5935	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baton Rouge Physical Therapy	Occupation PT	Aggregate Year-to-Date 331.68		

B.	Full Name (Last, First, Middle Initial) Dr William D. Bandy		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address PTC 300		Transaction ID: 35893030		
	City Conway	State AR	Zip Code 72035-0001	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Central Arkansas	Occupation PT	Aggregate Year-to-Date 405.00		

C.	Full Name (Last, First, Middle Initial) Ms Beth McKittrick-Bandy		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 822 Cartier Ln		Transaction ID: 35893046		
	City Little Rock	State AR	Zip Code 72211-5509	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arkansas Children's Hospital	Occupation PT	Aggregate Year-to-Date 300.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 65
	<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)
Jeanine Marie Gunn

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 Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35893048

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mary Lynn Wilson English

Mailing Address 1985 Blackhorse Ln

City Lexington State KY Zip Code 40503-3707

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

Name of Employer University of Kentucky Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35893049

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City Mount Pleasant State SC Zip Code 29464-9490

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

Name of Employer MUSC Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35893050

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: PAGE 38 / 65
(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)
Timothy Schell

Mailing Address 201 Erie St Ste B

City State Zip Code
Grove City PA 16127-1659

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 ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35893051

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2722 Woods Ln

City State Zip Code
Garland TX 75044-2808

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

Name of Employer Occupation
Texas Women's University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35893052

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address Department of Physical Therapy
930 Madison Ave Room 656

City State Zip Code
Memphis TN 38163-0001

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 35893055

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 65
(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)
David Vincent Powers

Mailing Address 1583 Calle Patricia Ste 200

City Pacific Palisades State CA Zip Code 90272-1942

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

Name of Employer Ultimate Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: 35893062
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Mr Raymond C. Menhard

Mailing Address 160 Lilac Ln

City Greenville State MS Zip Code 38701-7319

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: 07 / 22 / 2010
Transaction ID: 35893064
Amount of Each Receipt this Period: 50.00

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

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 ▼ 1250.00

Date of Receipt: 07 / 22 / 2010
Transaction ID: 35893167
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 65
	<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)
Connie B Miller

Mailing Address PO Box 6

City Chelan State WA Zip Code 98816-0006

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

Name of Employer Chelan Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35899719

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Ann Whooley

Mailing Address 2238 Midvale Ave

City Los Angeles State CA Zip Code 90064-2013

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

Name of Employer Larchmont PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35899729

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr Greg Monson

Mailing Address 3423 28th Avenue Ct

City Moline State IL Zip Code 61265-5306

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 ▼ 250.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 35900300

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 41 / 65
(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)
Timothy L. Kauffman

Mailing Address 815 McGrann Blvd

City State Zip Code
Lancaster PA 17601-4518

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: 35901155

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Adele W. Potter

Mailing Address 1402 Patten Mills Rd

City State Zip Code
Fort Ann NY 12827-1721

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

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 35901156

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Carl J. Mangione

Mailing Address 23 Neshaminy Dell Dr

City State Zip Code
Doylestown PA 18901-7039

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

Name of Employer Mangione Physical Therapy Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: 35911487

Amount of Each Receipt this Period
300.00

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 42 / 65
(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)
John D. Barnes

Mailing Address 1005 Hardee Place

City State Zip Code
Alexandria VA 22304-1719

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

Name of Employer American Physical Therapy Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

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

Transaction ID: 35911564

Amount of Each Receipt this Period
38.47

B. Full Name (Last, First, Middle Initial)
Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City State Zip Code
Fairfax VA 22032-1913

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

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.60

Date of Receipt

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

Transaction ID: 35911597

Amount of Each Receipt this Period
19.24

C. Full Name (Last, First, Middle Initial)
Mary Jane Harris

Mailing Address 6500 Langleigh Way

City State Zip Code
Alexandria VA 22315-3454

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

Name of Employer APTA
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

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

Transaction ID: 35911622

Amount of Each Receipt this Period
19.24

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 43 / 65

(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 State Zip Code
Herndon VA 20171-1828

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.60

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: 35911636

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 State Zip Code
Alexandria VA 22312-2582

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: 35911646

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 State Zip Code
Arlington VA 22204-1315

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.05

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: 35911663

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 44 / 65
(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)
Colleen M Kigin

Mailing Address 165 Cambridge St Ste 702

City State Zip Code
Boston MA 02114-2748

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

Name of Employer Occupation
CIMIT PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: 35911710

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Larry Charles Feeler

Mailing Address 4407 N Grandview Ave

City State Zip Code
Odessa TX 79762-5311

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

Name of Employer Occupation
Odessa Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: 35911713

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Ms Kathleen E. Shillue

Mailing Address 115 Williams Ave

City State Zip Code
Hyde Park MA 02136-3932

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

Name of Employer Occupation
Beth Israel Deaconess Medical Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: 36021653

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 45 / 65
	<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 Thomas M. Eggleton		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 477 Summerhill Vw		Transaction ID: 36024480
	City Alpine	State CA	Zip Code 91901-2783
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	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 ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr Aimee B. Klein		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 15 Boatswains Way		Transaction ID: 36024481
	City Chelsea	State MA	Zip Code 02150-4017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer MGH Institute of Health Professions	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 835.00	

C.	Full Name (Last, First, Middle Initial) Ms Michelle T. Nesen		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 540 Hughes Rd Ste 8		Transaction ID: 36024482
	City Madison	State AL	Zip Code 35758-8959
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Nesen Physical Therapy Service	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 46 / 65
(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)
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 ▼ 455.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: 36024483
 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 ▼ 320.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: 36024484
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 3632 Wildwood St

City State Zip Code
Yorktown Heights NY 10598-1129

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

Name of Employer: Northern Westchester-Putnam PT Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: 36024489
 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: PAGE 47 / 65

(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)

Steven Cassabaum

Mailing Address 62944 Sunset Dr

City

Nevada

State

IA

Zip Code

50201-7947

FEC ID number of contributing federal political committee.

C

Name of Employer
21st Century Rehab

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 28 / 2010

Transaction ID: 36024497

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Beth Whitehead

Mailing Address PO Box 37

City

Jackson

State

AL

Zip Code

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 ▼

1350.00

Date of Receipt

MM / DD / YYYY
07 / 28 / 2010

Transaction ID: 36024742

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Nancy B. Reese

Mailing Address 201 S Donaghey Avenue, Ptc 303

City

Conway

State

AR

Zip Code

72035-5001

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Central Arkansas

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
07 / 28 / 2010

Transaction ID: 36024743

Amount of Each Receipt this Period

100.00

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: (check only one)	PAGE 48 / 65
	<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 07 / 28 / 2010
	Mailing Address PO Box 319 194 2nd Ave	Transaction ID: 36024757
	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 ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Joseph Stephen Albright	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 1020 Maplewood Dr	Transaction ID: 36024917
	City Coralville State IA Zip Code 52241-9701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Progressive Rehabilitation Associates 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) Joan Firra	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 10557 Church Rd	Transaction ID: 36049801
	City Dallas State TX Zip Code 75238-2269	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 65	
	(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

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)
Mr Joseph M. Eschman

Mailing Address 2581 North Rd NE Ste A

City Warren State OH Zip Code 44483-3052

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

Name of Employer Eschman Physical Therapy, LLC Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2010

Transaction ID: 36089686

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms Julie M. Lombardo

Mailing Address 5411 Tonyawatha Trl

City Monona State WI Zip Code 53716-2922

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

Name of Employer Capitol PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2010

Transaction ID: 36089708

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	23611.36

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 65	
	(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 checked="" 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) Bennett Election Committee Inc		Date of Receipt
	Mailing Address 175 South West Temple Suite 650		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Salt Lake City	UT	84101
	FEC ID number of contributing federal political committee.		<input type="text" value="C00343327"/>
	Name of Employer		Occupation
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Transaction ID: 35912753 Amount of Each Receipt this Period <input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 65	
	(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="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 36089990
	Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="137.90"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="826.01"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="137.90"/>
TOTAL This Period (last page this line number only)	<input type="text" value="137.90"/>

**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) Pete King For Congress Committee		Transaction ID: 35900530 Date of Disbursement																					
	Mailing Address Post Office Box 1428		<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	3		2	0	1	0														
City State Zip Code Seaford NY 11783		Amount of Each Disbursement this Period																						
Purpose of Disbursement		<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table>		0	1	1																		
0	1	1																						
Candidate Name Mr. Peter King		Category/ Type																						
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: NY District: 03																								
B.	Full Name (Last, First, Middle Initial) Kissell For Congress		Transaction ID: 35900532 Date of Disbursement																					
	Mailing Address P.O. Box 1530		<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	3		2	0	1	0														
City State Zip Code Biscoe NC 27209		Amount of Each Disbursement this Period																						
Purpose of Disbursement		<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table>		0	1	1																		
0	1	1																						
Candidate Name Mr. Larry Kissell		Category/ Type																						
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: NC District: 08																								
C.	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress		Transaction ID: 35900533 Date of Disbursement																					
	Mailing Address PO Box 10322		<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>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	3		2	0	1	0														
City State Zip Code Raleigh NC 27605		Amount of Each Disbursement this Period																						
Purpose of Disbursement		<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table>		0	1	1																		
0	1	1																						
Candidate Name Mr. Brad Miller		Category/ Type																						
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: NC District: 13																								

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00
3000.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td></td> </tr> </table>	

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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jo Emerson</p> <p>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: MO District: 08</p>	<p>Transaction ID: 35900534</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	3	/	2	0	1	0													
1000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jo Emerson</p> <p>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: MO District: 08</p>	<p>Transaction ID: 35900535</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	3	/	2	0	1	0													
1000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens For Turner</p> <p>Mailing Address 120 W. Second Street, Suite 1510</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Michael R. (Mike) Turner</p> <p>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: OH District: 03</p>	<p>Transaction ID: 35900536</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	3	/	2	0	1	0													
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) Klein For Congress	Transaction ID: 35900537 Date of Disbursement 07 / 23 / 2010
	Mailing Address 21301 Powerline Road, Suite 204	Amount of Each Disbursement this Period 2000.00
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ronald Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota	Transaction ID: 35900538 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 3000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Stephanie Herseth Sandlin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John S. Fund	Transaction ID: 35900540 Date of Disbursement 07 / 23 / 2010
	Mailing Address c/o 3 Dog Consulting	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc. Mailing Address 319 Nancy'S Road 319 Nancy Road City Quitman State LA Zip Code 71268 Purpose of Disbursement 011 Candidate Name Mr. Rodney Alexander 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: LA District: 05	Transaction ID: 35900541 Date of Disbursement 07 / 23 / 2010 Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Gerlach for Congress Mailing Address 700 12th Street, NW Suite 700 City Washington State DC Zip Code 20005 Purpose of Disbursement 011 Candidate Name James Gerlach 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: PA District: 06	Transaction ID: 35900542 Date of Disbursement 07 / 23 / 2010 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Ruben Hinojosa For Congress Mailing Address 502 North 11th Street City Mcallen State TX Zip Code 78501 Purpose of Disbursement 011 Candidate Name Rep. Ruben Hinojosa 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: TX District: 15	Transaction ID: 35900543 Date of Disbursement 07 / 23 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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) Charlie Dent for Congress <hr/> Mailing Address P.O. Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement 011 Candidate Name Charlie Dent 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: PA District: 15	Transaction ID: 35900544 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 3000.00
B.	Full Name (Last, First, Middle Initial) Kildee For Congress Committee <hr/> Mailing Address P.O. Box 317 <hr/> City Flint State MI Zip Code 48501 <hr/> Purpose of Disbursement 011 Candidate Name Dale Kildee 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: MI District: 09	Transaction ID: 35900545 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Michael Arcuri 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: NY District: 24	Transaction ID: 35900546 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	6000.00
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) Harry Mitchell For Congress <hr/> Mailing Address PO Box 23748 <hr/> City State Zip Code Tempe AZ 85285 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Harry Mitchell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900547 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps <hr/> Mailing Address PO Box 23940 <hr/> City State Zip Code Santa Barbara CA 93121 <hr/> Purpose of Disbursement <hr/> Candidate Name Lois Capps <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900548 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Re-Elect Mcgovern Committee <hr/> Mailing Address PO Box 60405 <hr/> City State Zip Code Worcester MA 01606 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. James McGovern <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900549 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type

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) Latourette For Congress Committee	Transaction ID: 35900550 Date of Disbursement
	Mailing Address 320 Kenarden Dr.	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Highland Hts. State OH Zip Code 44143	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress	Transaction ID: 35900551 Date of Disbursement
	Mailing Address 38 Ivy Street, SE	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson	Transaction ID: 35900552 Date of Disbursement
	Mailing Address PO Box 1112	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State College State PA Zip Code 16804	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
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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) Levin For Congress <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 <hr/> Purpose of Disbursement <hr/> Candidate Name Sander Levin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900553 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	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) Wicker For Senate <hr/> Mailing Address PO Box 64 <hr/> City Jackson State MS Zip Code 39205 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Roger Wicker <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900554 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rogers for Congress <hr/> Mailing Address P.O. Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement <hr/> Candidate Name Michael Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900555 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	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) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Committee To Elect Jean Kurtis Schodorf For Congre</p> <p>Mailing Address PO Box 1879</p> <p>City Wichita State KS Zip Code 67201</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Ms. Jean Schodorf</p> <p>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) ▼</p> <p>State: KS District: 04</p>	<p>Transaction ID: 35900557 Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dutch Ruppertsberger For Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name C.A. Dutch Ruppertsberger</p> <p>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) ▼</p> <p>State: MD District: 02</p>	<p>Transaction ID: 35900559 Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) New Pioneers PAC</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name New Pioneers PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35900561 Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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) Kathy Dahlkemper For Congress <hr/> Mailing Address PO Box 1045 <hr/> City Erie State PA Zip Code 16512 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kathleen Dahlkemper <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900562 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nunnelee For Congress <hr/> Mailing Address 438 East Main St PO Box 7092 <hr/> City Tupelo State MS Zip Code 38802 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Patrick Nunnelee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900563 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee <hr/> Mailing Address Post Office Box 28001 PO Box 28001 <hr/> City Raleigh State NC Zip Code 27611 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Bob Etheridge <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35900564 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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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) Diane Black For Congress	Transaction ID: 35900566 Date of Disbursement 07 / 23 / 2010
	Mailing Address 819 Plantation Blvd	Amount of Each Disbursement this Period 2500.00
	City Gallatin State TN Zip Code 37066	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ms. Diane Black	
	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: TN District: 06	
B.	Full Name (Last, First, Middle Initial) Lee Terry For Congress	Transaction ID: 35900572 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 540098	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Lee Terry	
	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: NE District: 02	
C.	Full Name (Last, First, Middle Initial) Maloney For Congress	Transaction ID: 35900573 Date of Disbursement 07 / 23 / 2010
	Mailing Address 49 East 92nd Street	Amount of Each Disbursement this Period 1000.00
	City New York State NY Zip Code 10128	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Carolyn Maloney	
	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: NY District: 14	

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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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) Paul Tonko For Congress	Transaction ID: 35900574 Date of Disbursement 07 / 23 / 2010
	Mailing Address 911 Central Avenue PO Box 221	Amount of Each Disbursement this Period 1000.00
	City Albany State NY Zip Code 12206	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Paul Tonko	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Barnett For Congress	Transaction ID: 35900578 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 1937	Amount of Each Disbursement this Period 1000.00
	City Emporia State KS Zip Code 66801	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. James Barnett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 35900589 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 682185	Amount of Each Disbursement this Period 2500.00
	City Franklin State TN Zip Code 37068	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Herron For Congress		Transaction ID: 35900650	
	Mailing Address 142 West Main Street		Date of Disbursement MM / DD / YYYY 07 / 23 / 2010	
	City Dresden	State TN	Zip Code 38225	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Mr. Roy Herron		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 08				
B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee		Transaction ID: 35900655	
	Mailing Address PO Box 360		Date of Disbursement MM / DD / YYYY 07 / 23 / 2010	
	City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Mr. Michael Ross		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 04				
C.	Full Name (Last, First, Middle Initial) Advance Arkansas PAC		Transaction ID: 35900656	
	Mailing Address P.O. Box 344		Date of Disbursement MM / DD / YYYY 07 / 23 / 2010	
	City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name		Disbursement For: 2010		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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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) Pete Sessions For Congress		Transaction ID: 35900657	
	Mailing Address PO Box 823047		Date of Disbursement 07 / 23 / 2010	
	City Dallas	State TX	Zip Code 75382	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Pete Sessions		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: TX District: 05		
B.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress		Transaction ID: 35901042	
	Mailing Address PO Box 24551		Date of Disbursement 07 / 23 / 2010	
	City Pittsburgh	State PA	Zip Code 15234	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Tim Murphy		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 18		
C.	Full Name (Last, First, Middle Initial) Langevin For Congress		Transaction ID: 35904305	
	Mailing Address 181-A Knight St		Date of Disbursement 07 / 26 / 2010	
	City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. James Langevin		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

73500.00