

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2007 through 03 31 2007

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 David Mason

Signature of Treasurer Electronically Filed by Mr David Mason Date 04 19 2007

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									
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**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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		369222.18
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	372530.89									
(c) Total Receipts (from Line 19) .....	18425.81	94734.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	390956.70	463956.70								
7. Total Disbursements (from Line 31) .....	139540.35	212540.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	251416.35	251416.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	9901.00	42688.00
(i) Itemized (use Schedule A) .....	7514.45	48964.98
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17415.45	91652.98
(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) .....	17415.45	91652.98
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1010.36	3081.54
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)) .....	18425.81	94734.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18425.81	94734.52

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	136000.00	209000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3540.35	3540.35
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))..	139540.35	212540.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	139540.35	212540.35

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17415.45	91652.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17415.45	91652.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Olive Whitehead Mailing Address PO Box 37 City Jackson State AL Zip Code 36545-0037 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007 <b>Transaction ID:</b> 19293315 Amount of Each Receipt this Period 300.00
Name of Employer Health Actions Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Barbara A. Melzer Mailing Address 148 Cas-Hills Drive City Castle Hills State TX Zip Code 78213-3322 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID:</b> 19337929 Amount of Each Receipt this Period 500.00
Name of Employer Texas State University - San Marcos Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael H. Morgan Mailing Address 264 Heights Road City Darien State CT Zip Code 06820-4122 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID:</b> 19337930 Amount of Each Receipt this Period 100.00
Name of Employer Darien Physical Therapy Center Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steven Cassabaum		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 62944 Sunset Drive		<b>Transaction ID:</b> 19337938	
City State Zip Code Nevada IA 50201-7947		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation 21st Century Rehab PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Johanna Hendrina M Janssen		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 104 Oakview Drive		<b>Transaction ID:</b> 19337945	
City State Zip Code Elon NC 27244-9360		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Elon University PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Pamela G Unger		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 443 Wentz St		<b>Transaction ID:</b> 19337950	
City State Zip Code Kutztown PA 19530-1033		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Center for Advanced Wound Care PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Patrick Donovan Graham		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address PO Box 8068		<b>Transaction ID:</b> 19337956	
City State Zip Code Columbus GA 31908-8068		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HPRC PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Galica Devine		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4141 S Tamiami Trail		<b>Transaction ID:</b> 19337980	
City State Zip Code Sarasota FL 34231-3600		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cindy Schwenkler		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 5677 Oberlin Drive Suite 106		<b>Transaction ID:</b> 19338457	
City State Zip Code San Diego CA 92121-1741		Amount of Each Receipt this Period 417.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Comprehensive Therapy Services PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1251.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	767.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Nancy B. Reese		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 3335 Chimney Rock		<b>Transaction ID:</b> 19338609
City State Zip Code Conway AR 72034-3314	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Central Arkansas	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Laurie Kendall-Ellis		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 77 Peck Hill Road		<b>Transaction ID:</b> 19338799
City State Zip Code Woodbridge CT 06525-1306	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allied Health & Rehabilitation	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Brendan John Carman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 10 Pinewood Road		<b>Transaction ID:</b> 19339891
City State Zip Code Plymouth MA 02360-5025	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MA Bay Spine & Sport PT	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 40
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Paul D. Gaspar		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 748 Lynwood Drive		<b>Transaction ID:</b> 19340189	
City State Zip Code Encinitas CA 92024-2389	Amount of Each Receipt this Period 584.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gaspar Physical Therapy	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1752.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Peter J McMenamin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 25 E Washington St Suite 1310		<b>Transaction ID:</b> 19340554	
City State Zip Code Chicago IL 60602-1708	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Physical Therapy Chicago	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen McDavitt		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 49 Spring Street 3rd Floor		<b>Transaction ID:</b> 19340618	
City State Zip Code Scarborough ME 04074-8926	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	934.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 40
	(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)

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lynda D. Brown		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 850 Road 5		<b>Transaction ID:</b> 19341031	
City State Zip Code Powell WY 82435-8422		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Advantage Rehab PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Onuwa Djyata Terry		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 1918 E Griffen Pkwy		<b>Transaction ID:</b> 19341643	
City State Zip Code Mission TX 78572-3106		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Terry Physical Therapy PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael Shannon O'Kelley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 1519 132nd Street SE Suite A		<b>Transaction ID:</b> 19341989	
City State Zip Code Everett WA 98208-7203		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Kitsap Physical Therapy PT Bainbridge Isl			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 40
	<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)

Full Name (Last, First, Middle Initial) <b>A. Ms. Judith Hickes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 111 Rothsville Station Road		<b>Transaction ID: 19342204</b>	
City State Zip Code Lititz PA 17543-8882	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BHB Rehab Services	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Hendrickson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 8911 N Port Washington Road		<b>Transaction ID: 19342264</b>	
City State Zip Code Milwaukee WI 53217-1634	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sport Clinic	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Maryann Russo</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3632 Wildwood Street		<b>Transaction ID: 19342621</b>	
City State Zip Code Yorktown Heights NY 10598-1129	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steven Gary Crandall		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1838 E Rich Way		<b>Transaction ID:</b> 19420458	
City State Zip Code Salt Lake City UT 84121-4881		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hand & Orthopedic Specialists		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Janice D. Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1555 California Street Apt 407		<b>Transaction ID:</b> 19491561	
City State Zip Code Denver CO 80202-4275		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Maureen Kavalal		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 6529 N Braeburn Lane		<b>Transaction ID:</b> 19491566	
City State Zip Code Glendale WI 53209-3323		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Easter Seals		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 40
	<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. Jay H. Segal

Mailing Address 1537 Bent River Circle

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 ▼ 300.00

Date of Receipt  
03 / 21 / 2007

Transaction ID: 19491575

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy Schell

Mailing Address 201 B Erie Street

City Grove City State PA Zip Code 16127-1610

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  
03 / 21 / 2007

Transaction ID: 19491577

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 ▼ 500.00

Date of Receipt  
03 / 22 / 2007

Transaction ID: 19499077

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 40
	<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. Ellen O'Bannon

Mailing Address 901 Whippoorwill Row

City State Zip Code  
West Palm Beach FL 33411-5232

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

Name of Employer Occupation  
RCCA PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID:** 19506960

Amount of Each Receipt this Period  
500.00

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

Mailing Address 62 Stebbins Avenue

City State Zip Code  
Eastchester NY 10709-3829

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

Name of Employer Occupation  
PRO Sports PT of Westchester PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID:** 19506961

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Syms

Mailing Address PO Box 406

City State Zip Code  
Lake Arrowhead CA 92352-0406

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

Name of Employer Occupation  
Loma Linda University PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID:** 19506972

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 40
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Robert James Seton		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 1950 Bluewater Blvd Suite 101		<b>Transaction ID:</b> 19620135	
City State Zip Code Niceville FL 32578-3888	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopedic & Sports Phy Therapy Ctr	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jing Ching Sally Ho		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address Ho Physical Therapyq 9675 Brighton Way Suite 250		<b>Transaction ID:</b> 19620136	
City State Zip Code Beverly Hills CA 90210-5180	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ho Physical Therapy	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Pauline Flesch		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address Clarian Health Partners 1701 N Senate Ave		<b>Transaction ID:</b> 19627948	
City State Zip Code Indianapolis IN 46202-5306	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Clarian Health Partners	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 40	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Barney Poole

Mailing Address 109 Emerling Lane

City State Zip Code  
 Peachtree City GA 30269-3220

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

Name of Employer Self-Employed Occupation  
 PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2007

Transaction ID: 19627949

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9901.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 40	
	(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

Mailing Address Old Town Branch  
King Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3081.54

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 19789331

Amount of Each Receipt this Period  
1010.36

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1010.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1010.36

**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)

Full Name (Last, First, Middle Initial)

**A.** Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Nathan Deal

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 9

Transaction ID: 19808745

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Democratic National Committee

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 19808749

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C.** Allyson Schwartz for Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Allyson Schwartz

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Transaction ID: 19809246

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

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

20000.00

**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)

PAGE 20 / 40

<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)

Full Name (Last, First, Middle Initial)

**A. Battle Born PAC**

Mailing Address 1155 21st Street, NW  
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 19808916

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bill Shuster For Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

Candidate Name  
Mr. William Shuster

Office Sought:  House  
 Senate  
 President

State: PA District: 9

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19808929

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Brad Miller For United States Congress**

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Candidate Name  
Mr. Brad Miller

Office Sought:  House  
 Senate  
 President

State: NC District: 13

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19808914

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

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

7000.00

**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)

Full Name (Last, First, Middle Initial)

**A.** Castle Campaign Fund

Mailing Address P.O Box 133

City State Zip Code  
Wilmington DE 19899

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Michael Castle

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: DE District: 1

Transaction ID: 19809256

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Cathy McMorris for Congress

Mailing Address P.O. Box 137

City State Zip Code  
Spokane WA 99210

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Cathy McMorris

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: WA District: 5

Transaction ID: 19809255

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Chandler for Congress

Mailing Address P.O. Box 12678

City State Zip Code  
Lexington KY 40583

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Chandler

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: KY District: 6

Transaction ID: 19809254

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 40

<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)

Full Name (Last, First, Middle Initial)

**A.** Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Charlie Dent

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Transaction ID: 19809187

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Congressional Black Caucus PAC

Mailing Address 509 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 19809362

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Courtney for Congress

Mailing Address 301 4th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Courtney

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 2

Transaction ID: 19808933

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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)

Full Name (Last, First, Middle Initial)

**A.** Cte. for the Preservation of Capitalism

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 19809101

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Dave Camp For Congress

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. David Camp

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: MI District: 4

Transaction ID: 19809199

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Dutch Ruppensberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
C.A. Dutch Ruppensberger

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: MD District: 2

Transaction ID: 19809197

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

11000.00

**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)

Full Name (Last, First, Middle Initial)

**A.** Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Earl Pomeroy

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ND District: 1

Transaction ID: 19809250

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Freedom Fund

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 19809174

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Carolyn McCarthy

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 4

Transaction ID: 19809176

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Friends Of Farr

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Sam Farr

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 17

Transaction ID: 19809234

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. John Boehner

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 8

Transaction ID: 19809099

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Lois Capps

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Transaction ID: 19809238

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800  
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mary Landrieu

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: DC District: 2

Transaction ID: 19809175

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rahm Emanuel

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 5

Transaction ID: 19809194

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Gary Miller for Congress

Mailing Address 721 S. Brea Canyon Road  
Suite 7

City Walnut State CA Zip Code 91789

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Gary Miller

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 42

Transaction ID: 19809236

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Geoff Davis for Congress

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Geoff Davis

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: KY District: 4

Transaction ID: 19808925

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. James Ramstad

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: MN District: 3

Transaction ID: 19809240

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Langevin For Congress

Mailing Address 181-A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. James Langevin

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: RI District: 2

Transaction ID: 19809248

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Latham For Congress

Mailing Address PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Tom Latham

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: IA District: 5

Transaction ID: 19809119

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Linc Pac

Mailing Address 301 4th Street, NE  
2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 19809364

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Marion Berry For Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Marion Berry

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: AR District: 1

Transaction ID: 19809363

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** McNulty For Congress

Mailing Address P.O. Box 1560

City Green Island State NY Zip Code 12183

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Michael McNulty

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Transaction ID: 19809183

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Michael Ross

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AR District: 4

Transaction ID: 19809172

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Murtha For Congress Committee

Mailing Address Suite 220 551 Main Street  
Bt Financial Plaza Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. John Murtha

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Transaction ID: 19808927

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Next Century Fund

Mailing Address 116 S. Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 19809365

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Frank Pallone

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: NJ District: 6

Transaction ID: 19809179

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Phil Pac

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 19808926

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)

**A.** Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Richard Neal

Office Sought:  House  Senate  President  
State: MA District: 2  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19809229

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Ron Lewis

Office Sought:  House  Senate  President  
State: KY District: 2  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19808918

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** ROYB Fund

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20004

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 19808917

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Graves For Congress**

Mailing Address 2345 Grand Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Samuel Graves

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MO District: 6

Transaction ID: 19809218

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stephanie Tubbs Jones For Us Congress**

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Stephanie Jones

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 11

Transaction ID: 19809198

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Susan Collins

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ME District: 2

Transaction ID: 19809231

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

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

4500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822  
P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jo Emerson

Office Sought:  House  
 Senate  
 President  
State: MO District: 8

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19809180

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Tim Murphy

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19809228

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Tom Davis For Congress

Mailing Address 6429 Downing Court

City Annandale State VA Zip Code 22003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Thomas Davis

Office Sought:  House  
 Senate  
 President  
State: VA District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19808930

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**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)  
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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)

Full Name (Last, First, Middle Initial)

**A. Volunteers For Shimkus**

Mailing Address P.O. Box 5458  
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. John Shimkus

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 20

Transaction ID: 19809102

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

**B. Friends of Joe Pitts Committee**

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Joseph Pitts

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Transaction ID: 19809190

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**C. Gerlach for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
James Gerlach

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 6

Transaction ID: 19809235

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Rogers for Congress

Mailing Address P.O. Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Michael Rogers

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: MI District: 8

Transaction ID: 19809127

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Hilda L. Solis

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: CA District: 32

Transaction ID: 19809100

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. David George Reichert

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: WA District: 8

Transaction ID: 19808932

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Mark Udall

Office Sought:  House  Senate  President  
State: CO District: 2  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19809244

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

**B.** Matheson For Congress

Mailing Address PO Box 521048 Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James Matheson

Office Sought:  House  Senate  President  
State: UT District: 2  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19809239

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Loeb sack For Congress

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Dave Loeb sack

Office Sought:  House  Senate  President  
State: IA District: 2  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19809241

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Fortney Stark

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: CA District: 13

Transaction ID: 19848626

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Tom Allen For Congress Committee

Mailing Address P.O. Box 17766

City State Zip Code  
Portland ME 04112

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Thomas Allen

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: ME District: 1

Transaction ID: 19809367

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Boswell For Congress

Mailing Address PO Box 6220

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Leonard Boswell

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: IA District: 3

Transaction ID: 19809377

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Butterfield for Congress Committee

Mailing Address 800 W. Hines Street

City Wilson State NC Zip Code 27893

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Butterfield

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 1

Transaction ID: 19809375

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Cathy McMorris for Congress

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Cathy McMorris

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WA District: 5

Transaction ID: 19809368

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Charles Grassley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 1

Transaction ID: 19809372

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Herseth For Congress

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Stephanie Herseth

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: SD District: 1

Transaction ID: 19809371

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Kirk For Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Mark Kirk

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Transaction ID: 19809370

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street  
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Kendrick Meek

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 17

Transaction ID: 19809379

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

136000.00

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

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** SunTrust Bank

Mailing Address Old Town Branch  
King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19808748

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3540.35

Category/  
Type

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

3540.35

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

3540.35