

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 06 01 2010 through 06 30 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 07 20 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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	504731.08									
(c) Total Receipts (from Line 19)	101240.52	331228.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	605971.60	871140.98								
7. Total Disbursements (from Line 31)	54000.00	319169.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	551971.60	551971.60								
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

FEC Form 3X (Rev. 06/2004)

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)	43811.32	140552.81
(ii) Unitemized	57303.73	189962.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	101115.05	330515.70
(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)	101115.05	330515.70
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	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	125.47	688.11
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))	101240.52	331228.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	101240.52	331228.81

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.....	54000.00	316365.45
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))..	54000.00	319169.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54000.00	319169.38

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)	101115.05	330515.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101115.05	330515.70
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: (check only one)	PAGE 6 / 83
	<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)
Dr Anthony Natale

Mailing Address 481 Fort Washington Ave Apt 22

City State Zip Code
New York NY 10033-4644

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34966910

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Paul Joseph Roubal

Mailing Address 3476 Fox Woods Ct

City State Zip Code
W Bloomfield MI 48324-3265

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

Name of Employer PT Specialists Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34966911

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lap Chi Ku

Mailing Address 1481 Richmond Rd

City State Zip Code
Staten Island NY 10304-2309

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34966913

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 83
(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)
Mark D Cook

Mailing Address 4305 Medical Center Dr

City Fayetteville State NY Zip Code 13066-6638

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 06 / 03 / 2010

Transaction ID: 34980203

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr John B. Gee

Mailing Address 1516 Hoechester Rd

City Springfield State IL Zip Code 62712-3806

FEC ID number of contributing federal political committee. C

Name of Employer Memorial Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2010

Transaction ID: 34982199

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ajay M. Kalola

Mailing Address 14 Woodward Dr Ste B

City Old Bridge State NJ Zip Code 08857-3363

FEC ID number of contributing federal political committee. C

Name of Employer Central Jersey PT Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 03 / 2010

Transaction ID: 34982200

Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 83
(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)
Karl Robert Gibson

Mailing Address 4275 Old New England Rd

City State Zip Code
Allison Park PA 15101-1533

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

Name of Employer Self-Employed Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34982201

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Donald Mildrew

Mailing Address 1024 Independence Blvd

City State Zip Code
Virginia Beach VA 23455-5503

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

Name of Employer Haygood Physical Therapy Occupation
Haygood Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34982203

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
James Carroll Groschan

Mailing Address 2328 W Joppa Rd Ste 300

City State Zip Code
Lutherville Timoni MD 21093-4685

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

Name of Employer Self-Employed Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34982204

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 83
(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 David Coleman Finch

Mailing Address 506 Willard St

City State Zip Code
Maryville TN 37803-3136

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Blount Memorial Hospital PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2010

Transaction ID: 34982206

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ellen O'Bannon

Mailing Address 901 Whipoorwill 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 ▼ 250.00

Date of Receipt 06 / 02 / 2010

Transaction ID: 34982210

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
John Frederick DeBlasis

Mailing Address 1324 Roosevelt Ave

City State Zip Code
Martins Ferry OH 43935-2106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wheeling Hospital PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2010

Transaction ID: 34983350

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 83
(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)
Tresha Baldwin

Mailing Address 1076 W Chandler Blvd Ste 103

City State Zip Code
Chandler AZ 85224-5223

FEC ID number of contributing federal political committee. C

Name of Employer 360 Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 34983379

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dreama M. Waldrop

Mailing Address 10070 W Halls River Rd

City State Zip Code
Homosassa FL 34448-3512

FEC ID number of contributing federal political committee. C

Name of Employer Therapy Management Corporation Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 34983380

Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address 1002 Abercorn Pl

City State Zip Code
Sherwood AR 72120-6502

FEC ID number of contributing federal political committee. C

Name of Employer St. Vincent Health Systems Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 34983406

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 83
	<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) Richard Andrew Bolinger		Date of Receipt
	Mailing Address 1810 Galen Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2010
	City	State	Zip Code
	Johnson City	TN	37604-7206
	FEC ID number of contributing federal political committee. C		Transaction ID: 34983631
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 ▼ 244.00	<input type="text"/> 36.50

B.	Full Name (Last, First, Middle Initial) Shanna E. Fitton		Date of Receipt
	Mailing Address 1010 Grinnell St Unit C		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2010
	City	State	Zip Code
	Key West	FL	33040-3297
	FEC ID number of contributing federal political committee. C		Transaction ID: 34983632
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 ▼ 219.00	<input type="text"/> 36.50

C.	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 M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2010
	City	State	Zip Code
	Seattle	WA	98119-3771
	FEC ID number of contributing federal political committee. C		Transaction ID: 34983637
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 ▼ 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 123.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 83
	<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 MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 5055 E Fernwood Dr		Transaction ID: 34983638
	City Wasilla	State AK	Zip Code 99654-4421
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Excel Physical Therapy Ltd	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr Alan B. Crothers		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 2388 W Cogburn St		Transaction ID: 34983639
	City Meridian	State ID	Zip Code 83642-7174
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Brad A. Thuringer		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 1010 17th Ave S		Transaction ID: 34983643
	City Brookings	State SD	Zip Code 57006-4099
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
	Name of Employer Lake Area Technical Institute	Occupation PTA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00	

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: PAGE 13 / 83
(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 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 ▼ 300.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: 34983644
 Amount of Each Receipt this Period: 50.00

B. 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 ▼ 600.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: 34983645
 Amount of Each Receipt this Period: 100.00

C. 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 ▼ 335.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: 34983646
 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 14 / 83
(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)
Sheila K. Nicholson

Mailing Address 6143 Whimbrelwood Dr

City State Zip Code
Lithia FL 33547-4101

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 34983647

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Kenneth Wayne Kirby, Jr

Mailing Address 14032 Kennington Park Dr Apt 300

City State Zip Code
Raleigh NC 27614-6992

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

Name of Employer Occupation
Orthopedics Specialists PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 35091424

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Emile Tonas Kalil

Mailing Address 7640 Greendell Ln

City State Zip Code
Highland MD 20777-9566

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

Name of Employer Occupation
University of Maryland PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 35091433

Amount of Each Receipt this Period
250.00

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 15 / 83
	<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) Erik Paul Moen		Date of Receipt MM / DD / YYYY 06 / 02 / 2010		
	Mailing Address 19216 65th PI NE		Transaction ID: 35091467		
	City Kenmore	State WA	Zip Code 98028-3416	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Corpore Sano	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) David W Qualls		Date of Receipt MM / DD / YYYY 06 / 10 / 2010		
	Mailing Address 702 1st Ave		Transaction ID: 35092244		
	City Sulphur	State LA	Zip Code 70663-3423	Amount of Each Receipt this Period 1000.00	
	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 ▼		1000.00	

C.	Full Name (Last, First, Middle Initial) Katherine S Harris		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 67 Wilcox Ave		Transaction ID: 35092455		
	City Meriden	State CT	Zip Code 06451-2038	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Quinnipiac University	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		500.00	

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: (check only one)	PAGE 16 / 83
	<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) Christopher James Cotter		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 1450 E US Highway 36		Transaction ID: 35095507		
	City Urbana	State OH	Zip Code 43078-9112	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urbana Physical Therapy	Occupation PT	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Michael Jaworski		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 32113 Bexley Cir		Transaction ID: 35095508		
	City Avon Lake	State OH	Zip Code 44012-2134	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JPT Rehab	Occupation PT	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Jill Teresa Sullivan, DPT		Date of Receipt MM / DD / YYYY 06 / 10 / 2010		
	Mailing Address PO Box 4360		Transaction ID: 35099570		
	City Hagatna	State GU	Zip Code 96932-8360	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Aggregate Year-to-Date 250.00		

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

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

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

FOR LINE NUMBER: PAGE 17 / 83
(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)
Kristine Terrio
Mailing Address 80 Jewett Ln
City Hollis State NH Zip Code 03049-6565
FEC ID number of contributing federal political committee. **C**
Name of Employer Concord Hospital Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 07 / 2010
Transaction ID: 35099685
Amount of Each Receipt this Period 250.00

B. 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 ▼ 600.00
Date of Receipt 06 / 10 / 2010
Transaction ID: 35126083
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Jerry Klug
Mailing Address 1475 1st Ave SW
City Jacksonville State AL Zip Code 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 ▼ 1249.98
Date of Receipt 06 / 10 / 2010
Transaction ID: 35126084
Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional) ► 558.33
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 / 83
	<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 Peter Barnett	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address PO Box 319 194 2nd Ave	Transaction ID: 35126085
	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) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

B.	Full Name (Last, First, Middle Initial) Drew G. Bossen	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 4191 Westcott Dr NE	Transaction ID: 35126087
	City Iowa City State IA Zip Code 52240-7788	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Progressive Rehab Associa-tes Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1535.00	

C.	Full Name (Last, First, Middle Initial) Mr Frank Cosmo Fantazzi	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 4720 Lincrest Dr	Transaction ID: 35126088
	City Brookfield State WI Zip Code 53045-1123	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PT Plus Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

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 19 / 83
(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)
Deborah Gulbrandson

Mailing Address 429 High Rd

City Cary State IL Zip Code 60013-2630

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

Name of Employer Cary Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 35126090

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address PO Box 1192

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 35126091

Amount of Each Receipt this Period 250.00

C.

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 ▼ 300.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 35126092

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 83
(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 O. Kraushaar

Mailing Address 1737 Arbor Oaks Dr

City State Zip Code
Muscatine IA 52761-2623

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

Name of Employer Occupation
Muscatine Physical Therapy Services PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126093

Amount of Each Receipt this Period
50.00

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

Mailing Address 1545 Verano Way

City State Zip Code
Nipomo CA 93444-9793

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

Name of Employer Occupation
PRO-PT PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126094

Amount of Each Receipt this Period
100.00

C. 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 ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126095

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 21 / 83
(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)
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126096

Amount of Each Receipt this Period
50.00

B. 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126097

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Cynthia J. Rankin

Mailing Address 15050 King Rd

City State Zip Code
Danvers IL 61732-8446

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

Name of Employer Occupation
Professional Therapy Services, Inc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126098

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 22 / 83
(check only one)

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

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

A.

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

Mailing Address 317 S Drake Rd Ste C

City State Zip Code
Kalamazoo MI 49009-1171

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

Name of Employer Occupation
Spine Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126099

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 12660 W Cherrytree Ln

City State Zip Code
New Berlin WI 53151-7600

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
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126100

Amount of Each Receipt this Period
50.00

C.

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126101

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 23 / 83
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr James 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 Hospital PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126107

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 977 Giaroli St

City State Zip Code
Memphis TN 38122-1934

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

Name of Employer Occupation
Methodist Health PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126108

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 2619 Wheaton St

City State Zip Code
Cheney WA 99004-2186

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

Name of Employer Occupation
Apex Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126110

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 83
	<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)
Thomas DiAngelis

Mailing Address 6670 Loveland Miamiville Rd

City Loveland State OH Zip Code 45140-8732

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

Name of Employer Comprehensive Physical Therapy Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 35126111

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 865 N Nottingham St

City Arlington State VA Zip Code 22205-1510

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

Name of Employer Body Dynamics Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 35126112

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Nylin J Johnson

Mailing Address 1188 Sportsplex Dr Ste 101

City Kaysville State UT Zip Code 84037-9591

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

Name of Employer Mountain Land Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 35126113

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 25 / 83
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kathleen M Picard

Mailing Address 2249 River Rd S

City State Zip Code
Lakeland MN 55043-9775

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

Name of Employer Occupation
Big Stone Therapies PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126114

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Eva Norman

Mailing Address 11144 Hillsboro Ave N

City State Zip Code
Champlin MN 55316-3128

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

Name of Employer Occupation
Ortho Rehab Specialists PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126115

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 222 N Main St

City State Zip Code
Greer SC 29650-1923

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35126117

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 83
	<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)

A.	Full Name (Last, First, Middle Initial) Laurie Anne Schroder		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 1840 Oak Plains Rd		Transaction ID: 35126130
	City Ashland City	State TN	Zip Code 37015-9109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Covenant Health	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) Duncan Crowder		Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 33310 US Highway 280		Transaction ID: 35140231
	City Childersburg	State AL	Zip Code 35044-3121
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Park South Physical Therapy	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) Steven W. Johnson		Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 106 S Holmen Dr		Transaction ID: 35140235
	City Holmen	State WI	Zip Code 54636-9467
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Achieve Solutions Inc.	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)	625.00
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 / 83
(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)
Taylor F Miller

Mailing Address 20860 Meadow Oak Rd

City State Zip Code
Saratoga CA 95070-3017

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

Name of Employer Occupation
Taylor Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 35140239

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr Paul G. Vidal

Mailing Address 5 Whitechapel Dr

City State Zip Code
Mount Laurel NJ 08054-3315

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 35140293

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr Jason Robert Rodeghero

Mailing Address 15 Stonehedges Ct

City State Zip Code
Bloomington IL 61705-6306

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

Name of Employer Occupation
OSF St. Joseph Medical Center PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35140323

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 28 / 83
	<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)
Roger Allan Herr

Mailing Address 2921 10th Pl W

City State Zip Code
Seattle WA 98119-1823

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

Name of Employer Occupation
OCS Home Care PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 35144938

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 130 N Garland Ct Apt 3805

City State Zip Code
Chicago IL 60602-4836

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

Name of Employer Occupation
Physical Therapy Chicago PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35144939

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms Angela Wilson Pennisi

Mailing Address 901 Hinman Ave Apt 2F

City State Zip Code
Evanston IL 60202-1820

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

Name of Employer Occupation
LakeShore Sports Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35145373

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 83
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Whitley

Mailing Address 606 N Pines Rd Ste 102

City State Zip Code
Spokane Valley WA 99206-6711

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

Name of Employer Inland PT And Sports Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145375

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 748 Lynwood Dr

City State Zip Code
Encinitas CA 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 ▼
3000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145381

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 State Zip Code
Cincinnati OH 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 ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145382

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 83
(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 Hendrickson

Mailing Address 8911 N Port Washington Rd

City Milwaukee State WI Zip Code 53217-1634

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

Name of Employer Sport Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 17 / 2010

Transaction ID: 35145383

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 Cincinnati State OH Zip Code 45231-3846

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 17 / 2010

Transaction ID: 35145384

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 124 Cherryfield Ln

City Savannah State GA Zip Code 31419-9095

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

Name of Employer Armstrong State University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 06 / 17 / 2010

Transaction ID: 35145385

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: PAGE 31 / 83
(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 Spillane

Mailing Address 5136 Mount Ararat Dr

City State Zip Code
San Diego CA 92111-3846

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145386

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Chad M Novasic

Mailing Address 1300 S Green Bay Rd Ste 205

City State Zip Code
Racine WI 53406-4469

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

Name of Employer P.T. Plus Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145387

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 241 Parrish St Ste A

City State Zip Code
Canandaigua NY 14424-1727

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

Name of Employer Lake Country Physical Therapy & Sports Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145390

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 32 / 83

(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)

Dr David A. Pariser

Mailing Address 5319 Manor Ct

City

Crestwood

State

KY

Zip Code

40014-8845

FEC ID number of contributing federal political committee.

C

Name of Employer
Bellarmine University

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145391

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr Greg Joseph LeBlanc

Mailing Address 16313 Spanish Ct

City

Greenwell Springs

State

LA

Zip Code

70739-5935

FEC ID number of contributing federal political committee.

C

Name of Employer
Baton Rouge Physical Therapy

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

236.68

Date of Receipt

MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145392

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr William D. Bandy

Mailing Address PTC 300

City

Conway

State

AR

Zip Code

72035-0001

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 ▼

355.00

Date of Receipt

MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145393

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 83
	<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 Beth McKittrick-Bandy		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 822 Cartier Ln		Transaction ID: 35145394		
	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 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jeanine Marie Gunn		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 6670 Loveland Miamiville Rd		Transaction ID: 35145395		
	City Loveland	State OH	Zip Code 45140-8732	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Aggregate Year-to-Date 355.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mary Lynn Wilson English		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 1985 Blackhorse Ln		Transaction ID: 35145396		
	City Lexington	State KY	Zip Code 40503-3707	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Kentucky	Occupation PT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 34 / 83
	<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) Ira Gorman		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 254 Mary Beth Rd		Transaction ID: 35145397		
	City Evergreen	State CO	Zip Code 80439-4312	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Regis University	Occupation PT	Aggregate Year-to-Date 535.00		

B.	Full Name (Last, First, Middle Initial) Dr Lisa Kristine Saladin		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 1325 Overcreek Ct		Transaction ID: 35145398		
	City Mount Pleasant	State SC	Zip Code 29464-9490	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MUSC	Occupation PT	Aggregate Year-to-Date 570.00		

C.	Full Name (Last, First, Middle Initial) Timothy Schell		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 201 Erie St Ste B		Transaction ID: 35145399		
	City Grove City	State PA	Zip Code 16127-1659	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Aggregate Year-to-Date 2500.00		

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 35 / 83
(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)
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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145400

Amount of Each Receipt this Period
100.00

B.

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145403

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Susan C. Abis

Mailing Address 13 Waterview Dr

City State Zip Code
Amherst NH 03031-2109

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

Name of Employer Occupation
Tyngsborough Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35145404

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 / 83
	<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		Date of Receipt
	Mailing Address 1583 Calle Patricia Ste 200		<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 06 / 17 / 2010
	City	State	Zip Code
	Pacific Palisades	CA	90272-1942
	FEC ID number of contributing federal political committee. C		Transaction ID: 35145405
Name of Employer Ultimate Rehab		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Mr Raymond C. Menhard		Date of Receipt
	Mailing Address 160 Lilac Ln		<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 06 / 17 / 2010
	City	State	Zip Code
	Greenville	MS	38701-7319
	FEC ID number of contributing federal political committee. C		Transaction ID: 35145407
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Edward Robert Mathis		Date of Receipt
	Mailing Address N16564 Vinger Ln		<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 06 / 07 / 2010
	City	State	Zip Code
	Pembine	WI	54156-9359
	FEC ID number of contributing federal political committee. C		Transaction ID: 35145490
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"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 83

(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)

Gina Pauline Otterbein

Mailing Address 25 Conran

City

Coopersville

State

MI

Zip Code

49404-1366

FEC ID number of contributing federal political committee.

C

Name of Employer
Northern Physical Therapy

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
0 6 / 0 8 / 2 0 1 0

Transaction ID: 35145494

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Pamela Jean Millington

Mailing Address 3081 S Superior St

City

Milwaukee

State

WI

Zip Code

53207-3063

FEC ID number of contributing federal political committee.

C

Name of Employer
Zublocki VA Medical Center

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 35145723

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Anissa L. Davis

Mailing Address 7615 Lowland Ln

City

Knoxville

State

TN

Zip Code

37920-9516

FEC ID number of contributing federal political committee.

C

Name of Employer
Patricia Neal Outpatient

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 35435340

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 38 / 83
(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 F Crowe

Mailing Address 11904 W North Ave Ste 100
Sport Clinic Of Greater Milwaukee

City Wauwatosa State WI Zip Code 53226-2062

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

Name of Employer Sport Clinic of Greater Milwaukee Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2010
Transaction ID: 35435351
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Andrea Michelle Bemiss

Mailing Address 1907 S Preston St

City Louisville State KY Zip Code 40217-1044

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

Name of Employer Southern Indiana Rehab Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 35435370
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr Richard Thomas Jackson

Mailing Address 23410 Four Chimneys Ln
PO Box 1769

City Middleburg State VA Zip Code 20117-2805

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

Name of Employer The Jackson Clinics Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 35435404
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 83
(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)
William J. Reinbolt

Mailing Address 3185 Klondike Rd

City State Zip Code
Delaware OH 43015-8860

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

Name of Employer Occupation
River Rock Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35435434

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Eugene H. Inagaki

Mailing Address 4060 Glencoe Ave Apt 220

City State Zip Code
Marina Del Rey CA 90292-5883

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2010

Transaction ID: 35435911

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Matthew Allen Greene

Mailing Address 1901 Cleveland Ave

City State Zip Code
Abington PA 19001-1101

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35435921

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 40 / 83
(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 Jeffrey Alan Waldron

Mailing Address 21009 76th Ave W

City Edmonds State WA Zip Code 98026-7126

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

Name of Employer Muscle Therapy NW Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 35435936

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Steven Lee Harrity

Mailing Address 1060 Camerado Dr

City Cameron Park State CA Zip Code 95682-8864

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

Name of Employer Cameron Park PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 35435947

Amount of Each Receipt this Period 500.00

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 ▼ 500.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 35435972

Amount of Each Receipt this Period 100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 83
(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 ▼
461.64

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35435974

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 ▼
265.88

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35435976

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 ▼
230.88

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35435978

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: (check only one)	PAGE 42 / 83
	<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		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 12551 Manderley Way		Transaction ID: 35435979
	City Herndon	State VA	Zip Code 20171-1828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
	Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.88	

B.	Full Name (Last, First, Middle Initial) Karen Jost		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 5575 Vincent Gate Ter Unit 1447		Transaction ID: 35435980
	City Alexandria	State VA	Zip Code 22312-2582
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Justin D Moore		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 4819 1st St S		Transaction ID: 35435981
	City Arlington	State VA	Zip Code 22204-1315
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
	Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.64	

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 43 / 83
(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)
Beth Whitehead

Mailing Address PO Box 37

City State Zip Code
Jackson AL 36545-0037

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

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35435982

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr Shiu-Bong L Ho

Mailing Address 18425 Burbank Blvd Ste 413

City State Zip Code
Tarzana CA 91356-6677

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

Name of Employer Ho Rehabilitation Center, Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35435983

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 6529 N Braeburn Ln

City State Zip Code
Glendale WI 53209-3323

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

Name of Employer Easter Seals Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35436715

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 83
(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 Greg Joseph LeBlanc

Mailing Address 16313 Spanish Ct

City State Zip Code
Greenwell Springs LA 70739-5935

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

Name of Employer Occupation
Baton Rouge Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 306.68

Date of Receipt: 06 / 18 / 2010
Transaction ID: 35436735
Amount of Each Receipt this Period: 70.00

B. Full Name (Last, First, Middle Initial)
Catherine Sells

Mailing Address 252 Station Rd

City State Zip Code
North Hero VT 05474-9630

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 ▼ 265.00

Date of Receipt: 06 / 18 / 2010
Transaction ID: 35436738
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
Steven W. Johnson

Mailing Address 106 S Holmen Dr

City State Zip Code
Holmen WI 54636-9467

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

Name of Employer Occupation
Achieve Solutions Inc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 18 / 2010
Transaction ID: 35436762
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 205.00

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 / 83
	<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) Nancy R. Kirsch	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 14 Monhegon Ave	Transaction ID: 35436771
	City State Zip Code Rockaway NJ 07866-1808	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UMDNJ 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) Michael E. Vacon	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 33 Quincy St	Transaction ID: 35438729
	City State Zip Code Abington MA 02351-2243	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Blue Hills Physical Therapy 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 Joe Black	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 1532 Nathan Hills Cir	Transaction ID: 35441761
	City State Zip Code Maryville TN 37801-8981	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Appalachian Therapy PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 83
(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 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 Advantage Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443736

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms Dianne V. Jewell

Mailing Address 392 Lake Caroline Dr

City State Zip Code
Ruther Glen VA 22546-5025

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

Name of Employer Virginia Commonwealth University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443738

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr Matthew R. Hyland

Mailing Address 39 Overlook Dr

City State Zip Code
Valhalla NY 10595-2115

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443740

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 83
(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)
Mark E. Amir

Mailing Address 1514 Voorhies Ave

City State Zip Code
Brooklyn NY 11235

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

Name of Employer Occupation
Madison Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443742

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 10 Tatomuck Rd

City State Zip Code
Pound Ridge NY 10576-1429

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
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443770

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 256 Whitford Ave

City State Zip Code
Nutley NJ 07110-1820

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443774

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: PAGE 48 / 83
(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 W. Perry

Mailing Address 2065 Van Antwerp St

City State Zip Code
Grosse Pointe Wood MI 48236-1622

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

Name of Employer Occupation
Baker College of Allen Park PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443777

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms Secili Hurley DeStefano

Mailing Address 43217 Lindsay Marie Dr

City State Zip Code
Ashburn VA 20147-3111

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443784

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Roy Christopher Junkins

Mailing Address 319 Cooper Ln

City State Zip Code
Easley SC 29642-8211

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

Name of Employer Occupation
Self-Employed PTA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443787

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 83
(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)
Dr Barbara Sanders

Mailing Address 6913 Nubian Ln

City State Zip Code
Austin TX 78739-2203

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

Name of Employer Occupation
Texas State University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443789

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Marc John Suznovich

Mailing Address 444 Remsen Ave

City State Zip Code
New Brunswick NJ 08901-3149

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 ▼
340.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443790

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Margaret Ingels

Mailing Address 651 Ashmont Dr

City State Zip Code
Saint Louis MO 63132-3410

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443793

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 50 / 83
(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)
Martha Johnson Schram

Mailing Address 613 Morningstar Ln

City Madison State WI Zip Code 53704-2217

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

Name of Employer Aegis Therapies Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2010
Transaction ID: 35443795
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Laurita M. Hack

Mailing Address 415 Gatcombe Ln

City Bryn Mawr State PA Zip Code 19010-3629

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 ▼ 1105.00

Date of Receipt 06 / 18 / 2010
Transaction ID: 35443798
 Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
Mark J. Besch

Mailing Address 3960 Hillside Dr

City Delafield State WI Zip Code 53018-2148

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

Name of Employer Aegis Therapies Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 17 / 2010
Transaction ID: 35443800
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1070.00**

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 51 / 83
(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)
Dr Gail M. Jensen

Mailing Address 2512 N 51st Ave

City State Zip Code
Omaha NE 68104-4304

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

Name of Employer Occupation
Creighton University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443801

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Martha Ferretti

Mailing Address PO Box 26901

City State Zip Code
Oklahoma City OK 73190-0001

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

Name of Employer Occupation
OUHSC PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35443802

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Linda Diane Duke

Mailing Address 4241 E Page Ave

City State Zip Code
Gilbert AZ 85234-0737

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

Name of Employer Occupation
Barner Baywood Medical Center PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443806

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 83

(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)

Bruce John Anderson

Mailing Address 7520 NW 12th St

City State Zip Code
Plantation FL 33313-5922

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

Name of Employer Occupation
Rehab Consulting PT

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2010

Transaction ID: 35443808

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Marilyn Moffat

Mailing Address 29 Ludlam Ln

City State Zip Code
Locust Valley NY 11560-1724

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

Name of Employer Occupation
New York University PT

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2010

Transaction ID: 35443813

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)

Joan Purrington

Mailing Address 8000 Hill Trl N

City State Zip Code
Lake Elmo MN 55042-9534

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

Name of Employer Occupation
Northeast Metro Intermediate School Di PT

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2010

Transaction ID: 35443821

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

3500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 83
(check only one)

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

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

A.

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

Mailing Address N16564 Vinger Ln

City State Zip Code
Pembine WI 54156-9359

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443822

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
Leslie G. Portney

Mailing Address 267 Rosemary St

City State Zip Code
Needham MA 02494-3256

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

Name of Employer MGHHP Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443823

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Birnbaum

Mailing Address 7 Shorthill Rd

City State Zip Code
Ardsley NY 10502-2019

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

Name of Employer Cabrini-Eldercare Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443827

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **660.00**

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 54 / 83
(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 Victoria S T Tilley

Mailing Address 1101 Bartlett Cir

City Hillsborough State NC Zip Code 27278-6772

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 06 / 18 / 2010

Transaction ID: 35443829

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mr Joe Black

Mailing Address 1532 Nathan Hills Cir

City Maryville State TN Zip Code 37801-8981

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

Name of Employer Appalachian Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 18 / 2010

Transaction ID: 35443831

Amount of Each Receipt this Period 70.00

C.

Full Name (Last, First, Middle Initial)
Ms Mary Denise Gunter Gaub

Mailing Address 2405 Cherry Ridge Ln

City Columbia State MO Zip Code 65203-5745

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

Name of Employer Peak Performance Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2010

Transaction ID: 35443832

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **670.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 83
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
James J. Irgang

Mailing Address 3471 5th Ave Ste 911

City Pittsburgh State PA Zip Code 15213-3232

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

Name of Employer University of Pittsburgh, PT Dept Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2010

Transaction ID: 35443837

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 3420 Warden Dr

City Philadelphia State PA Zip Code 19129-1418

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

Name of Employer Temple University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 18 / 2010

Transaction ID: 35443838

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Jerry Arthur Smith

Mailing Address 8534 Brittany Ct N

City Indianapolis State IN Zip Code 46236-9015

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

Name of Employer Clarian Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 18 / 2010

Transaction ID: 35443841

Amount of Each Receipt this Period 135.00

SUBTOTAL of Receipts This Page (optional) ► 485.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 83
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stephen 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 ▼ 400.00

Date of Receipt 06 / 18 / 2010
Transaction ID: 35443848
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr Deborah Ingram

Mailing Address 8337 Mitchell Mill Rd

City Ooltewah State TN Zip Code 37363-8837

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 ▼ 535.00

Date of Receipt 06 / 18 / 2010
Transaction ID: 35443850
Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
Mr Steven C. Allen

Mailing Address Suite 106
23327 E Appleway Ave

City Liberty Lake State WA Zip Code 99019-5038

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

Name of Employer Therapeutic Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 18 / 2010
Transaction ID: 35443852
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 83
(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)
Louise D. Yurko

Mailing Address 123 Buena Vista Dr

City State Zip Code
Newport NC 28570-8119

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

Name of Employer Occupation
Carteret Physical Therapy Associates PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443853

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 7913 Creek Bend Drive

City State Zip Code
Ypsilanti MI 48197-6204

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

Name of Employer Occupation
Detroit Medical Center PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35443858

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
John E. Hagye

Mailing Address 3368 Bingham Rd

City State Zip Code
Suwanee GA 30024-7566

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

Name of Employer Occupation
Atlanta Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444395

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 83
(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 Thomas M. Eggleton

Mailing Address 477 Summerhill Vw

City State Zip Code
Alpine CA 91901-2783

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444407

Amount of Each Receipt this Period
50.00

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

Mailing Address 15 Boatswains Way

City State Zip Code
Chelsea MA 02150-4017

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

Name of Employer MGH Institute of Health Professions Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444410

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ms Michelle T. Negin

Mailing Address 540 Hughes Rd Ste 8

City State Zip Code
Madison AL 35758-8959

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

Name of Employer Negin Physical Therapy Service Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444412

Amount of Each Receipt this Period
100.00

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 59 / 83
(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)
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 ▼
405.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444413

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 62944 Sunset Dr

City State Zip Code
Nevada IA 50201-7947

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

Name of Employer
21st Century Rehab

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444418

Amount of Each Receipt this Period
250.00

C.

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 ▼
270.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444427

Amount of Each Receipt this Period
50.00

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 60 / 83
	<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 Arthur Clarence Bronsord

Mailing Address 16917 Ketocin Church Rd

City State Zip Code
Purcellville VA 20132-3542

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

Name of Employer State of the Art Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 35444429

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Ms Patricia D. Brick

Mailing Address 7060 English Creek Ave

City State Zip Code
Egg Harbor Townshi NJ 08234-7251

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 ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: 35444480

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Sandra B. Davis

Mailing Address 3509 NW 53rd Ter

City State Zip Code
Gainesville FL 32606-5803

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

Name of Employer Veterans Medical Center
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35444491

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 83

(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)

Jean Kathleen Borns

Mailing Address 45124 162nd St

City State Zip Code
Watertown SD 57201-7409

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

Name of Employer Occupation
Big Stone Therapies PTA

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

Date of Receipt

MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35444495

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Cecilia Louise Graham

Mailing Address 1530 3rd Ave South Rmsb 337

City State Zip Code
Birmingham AL 35294-0002

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

Name of Employer Occupation
University of Alabama-Birmingham PT

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

Date of Receipt

MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35446554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael P. Johnson

Mailing Address 514 General Lafayette Rd

City State Zip Code
Merion Station PA 19066

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

Name of Employer Occupation
Mercy Health PT

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

Date of Receipt

MM / DD / YYYY
06 / 17 / 2010

Transaction ID: 35446657

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr Timothy Drevna
 Mailing Address 389 N Farm Dr
 City State Zip Code
 Lititz PA 17543-9226
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2010
Transaction ID: 35446823
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Drevna Physical Therapy PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
Evan Lawrence Prost
 Mailing Address 1404 Gary St
 City State Zip Code
 Columbia MO 65203-2136
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2010
Transaction ID: 35449639
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Missouri PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
Eric Wayne Stevenson
 Mailing Address 15620 McGregor Blvd Ste D
 South McGregor Medical Ctr
 City State Zip Code
 Fort Myers FL 33908-2528
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2010
Transaction ID: 35449640
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stevenson Physical Therapy Inc PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 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 63 / 83
	<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 Matthew J. Lee		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 335 Irvine Rd		Transaction ID: 35451285
	City Lexington	State KY	Zip Code 40502-1817
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer KORT	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) Diana Lynn Everett		Date of Receipt MM / DD / YYYY 06 / 23 / 2010
	Mailing Address 201 Hamer Rd		Transaction ID: 35455954
	City Rockingham	State NC	Zip Code 28379-2946
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer First Health Home Care	Occupation PTA	
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) Pauline Flesch		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 9684 Cedar Point Dr		Transaction ID: 35459030
	City Carmel	State IN	Zip Code 46032-9574
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 83

(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 Robert Sellin

Mailing Address 397 Hays Blvd

City Lexington State KY Zip Code 40509-4495

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

Name of Employer Electrophysiologic Testing Occupation PT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 555.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 35459034

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carla Griffith

Mailing Address 4422 Catlin Cir Unit B

City Carpinteria State CA Zip Code 93013-1636

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

Name of Employer SB Cottage Hospital 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
0 6 / 2 5 / 2 0 1 0

Transaction ID: 35459069

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mary Ann Wharton

Mailing Address 280 Scott Ln

City Venetia State PA Zip Code 15367-1116

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

Name of Employer St. Francis University Occupation PT

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: 35459078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 83
	<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)
Ramona Ann Carper

Mailing Address 383 Corbin Center Dr

City Corbin State KY Zip Code 40701-1895

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

Name of Employer PT Pros Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 25 / 2010

Transaction ID: 35459089

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Roger Allan Herr

Mailing Address 2921 10th PI W

City Seattle State WA Zip Code 98119-1823

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

Name of Employer OCS Home Care Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt: 06 / 25 / 2010

Transaction ID: 35459102

Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Ms Pamela A Duffy

Mailing Address 28135 J Ave

City Adel State IA Zip Code 50003-4506

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

Name of Employer Wellmark BCBS Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 25 / 2010

Transaction ID: 35459103

Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 83
	<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) Marc John Suznovich		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 444 Remsen Ave		Transaction ID: 35461892		
	City New Brunswick	State NJ	Zip Code 08901-3149	Amount of Each Receipt this Period 70.00	
	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 ▼ 410.00			

B.	Full Name (Last, First, Middle Initial) Paul A Rockar, Jr		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 3911 Murry Highlands Cir		Transaction ID: 35461894		
	City Murrysville	State PA	Zip Code 15668-1734	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Centers for Rehab Services	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2640.00			

C.	Full Name (Last, First, Middle Initial) John D. Barnes		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 1005 Hardee Place		Transaction ID: 35465428		
	City Alexandria	State VA	Zip Code 22304-1719	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Physical Therapy Association	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.11			

SUBTOTAL of Receipts This Page (optional)	▶	143.47
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 67 / 83
	<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 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 Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.12

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 35465432

Amount of Each Receipt this Period
19.24

B.

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 Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 35465435

Amount of Each Receipt this Period
19.24

C.

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 ▼ 250.12

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 35465437

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► **57.72**

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 68 / 83
(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 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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 35465438

Amount of Each Receipt this Period
40.00

B.

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 ▼ 500.11

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 35465439

Amount of Each Receipt this Period
38.47

C.

Full Name (Last, First, Middle Initial)
Patricia Erickson

Mailing Address 5100 N Range Ave

City State Zip Code
Colby KS 67701-9155

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

Name of Employer Occupation
Colby Community College PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 35667246

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **328.47**

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 69 / 83	
	(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) Dr Anthony Natale		Date of Receipt																					
	Mailing Address 481 Fort Washington Ave Apt 22		<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>6</td><td></td><td>3</td><td>0</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	6		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	0														
	City	State	Zip Code	Transaction ID: 35667729																				
	New York	NY	10033-4644	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer Self-Employed		Occupation PT																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	43811.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 70 / 83	
	(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		<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>6</td><td></td><td>3</td><td>0</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	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	0													
City	State	Zip Code																				
Alexandria	VA	22314																				
FEC ID number of contributing federal political committee.		Transaction ID: 35861859																				
C		Amount of Each Receipt this Period																				
		125.47																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General		688.11																				
<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Receipts This Page (optional)	▶	125.47
TOTAL This Period (last page this line number only)	▶	125.47

**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) Latham For Congress	Transaction ID: 35093566 Date of Disbursement 06 / 04 / 2010
	Mailing Address P.O. Box 71 PO Box 71	Amount of Each Disbursement this Period 2000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Tom Latham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Jaime Herrera For Congress	Transaction ID: 35440606 Date of Disbursement 06 / 22 / 2010
	Mailing Address PO Box 1614	Amount of Each Disbursement this Period 2000.00
	City Ridgefield State WA Zip Code 98642	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Jaime Herrera	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte	Transaction ID: 35440607 Date of Disbursement 06 / 22 / 2010
	Mailing Address PO Box 233	Amount of Each Disbursement this Period 2500.00
	City Nashua State NH Zip Code 03061	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Kelly Ayotte	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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) Trent For Congress	Transaction ID: 35440610 Date of Disbursement
	Mailing Address PO Box 357	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Evansville State IN Zip Code 47703	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: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) People For Pearce	Transaction ID: 35440611 Date of Disbursement
	Mailing Address PO Box 2696	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Hobbs State NM Zip Code 88241	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: NM District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez	Transaction ID: 35440612 Date of Disbursement
	Mailing Address 1212 S. Victory Blvd. Suite 211	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Burbank State CA Zip Code 91502	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: CA District: 46	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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) Gary Miller for Congress	Transaction ID: 35440613 Date of Disbursement 06 / 22 / 2010
	Mailing Address 721 S. Brea Canyon Road Suite 7	Amount of Each Disbursement this Period 1000.00
	City Walnut State CA Zip Code 91789	
	Purpose of Disbursement Candidate Name Gary Miller Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 35440614 Date of Disbursement 06 / 22 / 2010
	Mailing Address P.O. Box 391	Amount of Each Disbursement this Period 1000.00
	City Hopkinsville State KY Zip Code 42241	
	Purpose of Disbursement Candidate Name Edward Whitfield Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY 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) Citizens To Elect Rick Larsen	Transaction ID: 35440615 Date of Disbursement 06 / 22 / 2010
	Mailing Address PO Box 326	Amount of Each Disbursement this Period 1500.00
	City Everett State WA Zip Code 98206	
	Purpose of Disbursement Candidate Name Mr. Richard Larsen Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Karen Bass For Congress	Transaction ID: 35440616 Date of Disbursement 06 / 22 / 2010
	Mailing Address 777 S. Figueroa Street Suite 4050	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ms. Karen Bass	
	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: CA District: 33	

B.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee	Transaction ID: 35440617 Date of Disbursement 06 / 22 / 2010
	Mailing Address PO Box 777	Amount of Each Disbursement this Period 1000.00
	City Deer Park State NY Zip Code 11729	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Steve Israel	
	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: 02	

C.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson	Transaction ID: 35440618 Date of Disbursement 06 / 22 / 2010
	Mailing Address P.O. Box 822 400 Broadway, Suite 501	Amount of Each Disbursement this Period 1000.00
	City Cape Girardeau State MO Zip Code 63702	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Jo Emerson	
	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	

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) Grassley Committee Inc	Transaction ID: 35440619 Date of Disbursement 06 / 22 / 2010
	Mailing Address PO Box 1000	Amount of Each Disbursement this Period 3000.00
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement Candidate Name Mr. Charles Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	
B.	Full Name (Last, First, Middle Initial) Next Century Fund	Transaction ID: 35440620 Date of Disbursement 06 / 22 / 2010
	Mailing Address 116 S. Royal Street	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement 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) ▼ Category/Type: 011	
C.	Full Name (Last, First, Middle Initial) Herron For Congress	Transaction ID: 35440621 Date of Disbursement 06 / 22 / 2010
	Mailing Address 142 West Main Street	Amount of Each Disbursement this Period 2500.00
	City Dresden State TN Zip Code 38225	
	Purpose of Disbursement Candidate Name Mr. Roy Herron Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) Stephanie Herseth Sandlin For South Dakota <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name Stephanie Herseth Sandlin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440622 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 607 14th Street, Nw Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name Steny Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440623 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 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) ▼
C. Full Name (Last, First, Middle Initial) Peterson For Congress <hr/> Mailing Address 26192 Floyd Lake Point Road <hr/> City Detroit Lakes State MN Zip Code 56501 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Collin Peterson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440627 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	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) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Chandler for Congress	Transaction ID: 35440629 Date of Disbursement
	Mailing Address P.O. Box 12678	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Lexington State KY Zip Code 40583	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: KY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee	Transaction ID: 35440630 Date of Disbursement
	Mailing Address P.O.Box 851232	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Mobile State AL Zip Code 36685	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: AL 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 Salazar For Congress	Transaction ID: 35440631 Date of Disbursement
	Mailing Address PO Box 534	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Pueblo State CO Zip Code 81002	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: CO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

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) Gerlach for Congress Mailing Address 700 12th Street, NW Suite 700 City Washington State DC Zip Code 20005 Purpose of Disbursement Candidate Name James Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Candidate Name Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440633 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Chris Lee For Congress Mailing Address PO Box 15395 City Rochester State NY Zip Code 14615 Purpose of Disbursement Candidate Name Rep. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440634 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 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) ▶	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) CAMPAC	Transaction ID: 35440635 Date of Disbursement 06 / 22 / 2010
	Mailing Address 5915 Eastman Avenue Suite 100	Amount of Each Disbursement this Period 2500.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement	
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee	Transaction ID: 35440636 Date of Disbursement 06 / 22 / 2010
	Mailing Address 726 Sixteenth Street Ne	Amount of Each Disbursement this Period 1000.00
	City Massillon State OH Zip Code 44646	
	Purpose of Disbursement	
	Candidate Name Rep. Zachary T. Space	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Boswell For Congress	Transaction ID: 35440638 Date of Disbursement 06 / 22 / 2010
	Mailing Address PO Box 6220	Amount of Each Disbursement this Period 1000.00
	City Des Moines State IA Zip Code 50309	
	Purpose of Disbursement	
	Candidate Name Mr. Leonard Boswell	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) Langevin For Congress Mailing Address 181-A Knight St City Warwick State RI Zip Code 02886 Purpose of Disbursement Candidate Name Mr. James Langevin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440639 Date of Disbursement 06 / 22 / 2010	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Connolly For Congress Mailing Address PO Box 563 City Merrifield State VA Zip Code 22116 Purpose of Disbursement Candidate Name Rep. Gerald E. Connolly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440640 Date of Disbursement 06 / 22 / 2010
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Walter Jones Committee Mailing Address PO Box 3962 City Greenville State NC Zip Code 27836 Purpose of Disbursement Candidate Name Mr. Walter Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440641 Date of Disbursement 06 / 22 / 2010
Amount of Each Disbursement this Period 1000.00		
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) Friends Of Maurice Hinchey		Transaction ID: 35440642	
	Mailing Address PO Box 4497		Date of Disbursement 06 / 22 / 2010	
	City Kingston	State NY	Zip Code 12402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Maurice Hinchey		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: NY District: 26				
B.	Full Name (Last, First, Middle Initial) Bob Filner For Congress		Transaction ID: 35440644	
	Mailing Address PO Box 121480		Date of Disbursement 06 / 22 / 2010	
	City Chula Vista	State CA	Zip Code 91912	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Bob Filner		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: CA District: 50				
C.	Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress		Transaction ID: 35440646	
	Mailing Address P. O. Box 909		Date of Disbursement 06 / 22 / 2010	
	City Columbus	State GA	Zip Code 31902	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Sanford D. Bishop, Jr.		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: GA District: 02				

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) Braley For Congress <hr/> Mailing Address PO Box 390 <hr/> City Waterloo State IA Zip Code 50704 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bruce Braley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440648 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Vitter For Us Senate <hr/> Mailing Address PO Box 8175 <hr/> City Metairie State LA Zip Code 70011 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. David Vitter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440691 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Welch For Congress <hr/> Mailing Address PO Box 1682 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Peter Welch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440788 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 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) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement

Candidate Name
Rep. Betty S. Sutton

Office Sought: House
 Senate
 President

State: OH District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 35440851

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

54000.00