

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) 1111 North Fairfax St.

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00012880

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 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 10 19 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							
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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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		539912.17
(b) Cash on Hand at Beginning of Reporting Period	536968.38	
(c) Total Receipts (from Line 19)	50128.61	471854.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	587096.99	1011766.37
7. Total Disbursements (from Line 31)	186499.00	611168.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	400597.99	400597.99
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

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	20559.82	207201.98
(ii) Unitemized	27951.23	261050.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48511.05	468252.56
(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)	48511.05	468252.56
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	1500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	117.56	1076.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50128.61	471854.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50128.61	471854.20

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.....	179500.00	594865.45
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.....	6999.00	16302.93
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))..	186499.00	611168.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	186499.00	611168.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	48511.05	468252.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48511.05	468252.56
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 / 77
	<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) Timothy Lyons		Date of Receipt
	Mailing Address 364 Private Road 8581		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2010
	City	State	Zip Code
	Winnsboro	TX	75494-8092
	FEC ID number of contributing federal political committee. C		Transaction ID: 36516028
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"/> 600.00	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) Dr Samuel Esterson		Date of Receipt
	Mailing Address 6305 Benhurst Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2010
	City	State	Zip Code
	Baltimore	MD	21209-3824
	FEC ID number of contributing federal political committee. C		Transaction ID: 36519439
Name of Employer Esterson Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Paul John Gleason		Date of Receipt
	Mailing Address 375 E Virginia Ave Ste B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2010
	City	State	Zip Code
	Phoenix	AZ	85004-1220
	FEC ID number of contributing federal political committee. C		Transaction ID: 36521585
Name of Employer Physical Therapy Complete, PLLC		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
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 7 / 77
(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)
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 ▼ 385.00

Date of Receipt M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: 36527747

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Ms Melissa A. Mercogliano

Mailing Address 8869 Stavis Bay Rd Nw

City State Zip Code
Seabeck WA 98380-9735

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: 36555569

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Carolyn Cotter

Mailing Address 24 Gates Cir

City State Zip Code
Hockessin DE 19707-9686

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Therapy Svcs of DE, Inc PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: 36555570

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<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 Judith Mann

Mailing Address 17555 Collins Ave Apt 2505

City Sunny Isles Beach State FL Zip Code 33160-2889

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

Name of Employer Jackson North Medical Center Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2010

Transaction ID: 36555572

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Carrie Lynne Sloan

Mailing Address 709 Okoboji Ave

City Milford State IA Zip Code 51351-1633

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 09 / 02 / 2010

Transaction ID: 36558623

Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Adrienne Parry

Mailing Address 1880 W Orange Grove Rd

City Tucson State AZ Zip Code 85704-1129

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 09 / 07 / 2010

Transaction ID: 36569458

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 9 / 77
	<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)
Ann Giffin

Mailing Address Box 52 UTMC
1924 Alcoa Hwy

City Knoxville State TN Zip Code 37901-0052

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

Name of Employer University of Tennessee Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

Date of Receipt MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 36572396

Amount of Each Receipt this Period 45.00

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

Mailing Address 335 E Bowman Dr

City Kalispell State MT Zip Code 59901-6878

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

Name of Employer Kalispell Rehab Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36572399

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ms Jennifer Ann Lesko

Mailing Address 702 2nd Ave W Apt 205

City Seattle State WA Zip Code 98119-3771

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 ▼ 450.00

Date of Receipt MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575662

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 595.00

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 / 77
(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 Sundi M. Hondl

Mailing Address 5055 E Fernwood Dr

City State Zip Code
Wasilla AK 99654-4421

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

Name of Employer Occupation
Excel Physical Therapy Ltd PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575665

Amount of Each Receipt this Period
50.00

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

Mailing Address 2388 W Cogburn St

City State Zip Code
Meridian ID 83642-7174

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575667

Amount of Each Receipt this Period
50.00

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

Mailing Address 1010 17th Ave S

City State Zip Code
Brookings SD 57006-4099

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

Name of Employer Occupation
Lake Area Technical Institute PTA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575678

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **184.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 77
	<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) Jay H. Segal		Date of Receipt
	Mailing Address 1537 Bent River Cir		<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 09 / 09 / 2010
	City	State	Zip Code
	Birmingham	AL	35216-5394
	FEC ID number of contributing federal political committee. C		Transaction ID: 36575680
Name of Employer HPRC		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 900.00	

B.	Full Name (Last, First, Middle Initial) Julie Lee Rosen		Date of Receipt
	Mailing Address 445 Park Ave		<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 09 / 09 / 2010
	City	State	Zip Code
	Glencoe	IL	60022-1527
	FEC ID number of contributing federal political committee. C		Transaction ID: 36575732
Name of Employer Sava Senior Care		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 635.00	

C.	Full Name (Last, First, Middle Initial) Ms Jane S. Baldwin		Date of Receipt
	Mailing Address 12 9th St Apt 603		<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 09 / 09 / 2010
	City	State	Zip Code
	Medford	MA	02155-5165
	FEC ID number of contributing federal political committee. C		Transaction ID: 36575738
Name of Employer Health Partners		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 77
(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)
Judith Hikes

Mailing Address 111 Rothsville Station Rd

City State Zip Code
Lititz PA 17543-8882

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

Name of Employer Occupation
BHB Rehab Services PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575740

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert Williams

Mailing Address 129 Rancho Corralitos Rd

City State Zip Code
Corralitos CA 95076-1139

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

Name of Employer Occupation
Good Samaritan Hospital PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575756

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr Barbara Connolly

Mailing Address 10556 Graybourne Dr

City State Zip Code
Eads TN 38028-9808

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

Name of Employer Occupation
Retired PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 36575757

Amount of Each Receipt this Period
100.00

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 13 / 77
	<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) Sheila K. Nicholson		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 6143 Whimbrelwood Dr		Transaction ID: 36575760
	City Lithia	State FL	Zip Code 33547-4101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Sandra M. Riegor		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 230 W Seaview Dr		Transaction ID: 36575829
	City Duck Key	State FL	Zip Code 33050-3828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Kathleen Birnbaum		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 7 Shorthill Rd		Transaction ID: 36575831
	City Ardsley	State NY	Zip Code 10502-2019
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Cabrini-Eldercare	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

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 14 / 77
(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 Cynthia C. Zadai, DPT

Mailing Address 4 S Meadow Rdg

City State Zip Code
Concord MA 01742-3000

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

Name of Employer Occupation
MGHIHP PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 36575882

Amount of Each Receipt this Period
125.00

B. 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 Occupation
American Physical Therapy Association CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 36575980

Amount of Each Receipt this Period
38.47

C. 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 ▼ 381.32

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 36575982

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► **182.71**

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 15 / 77
(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)
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 ▼ 346.32

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 36575985

Amount of Each Receipt this Period
19.24

B. 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 ▼ 346.32

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 36575986

Amount of Each Receipt this Period
19.24

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

Mailing Address 400 Madison Street
Unit 805

City State Zip Code
Alexandria VA 22314-1747

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 ▼ 720.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 36575987

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **78.48**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 77
(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)
Justin D Moore

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt 09 / 08 / 2010
Transaction ID: 36575988
 Amount of Each Receipt this Period 38.47

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

Mailing Address 1695 Peach Ave

City Memphis State TN Zip Code 38112-5215

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

Name of Employer None Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 09 / 2010
Transaction ID: 36601175
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Jason Alexander Cherry

Mailing Address 360 S Pierce St

City Lakewood State CO Zip Code 80226-3452

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

Name of Employer Belmar Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 16 / 2010
Transaction ID: 36729013
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► **438.47**

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 17 / 77
	<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 Nicole Leigh Sutherland

Mailing Address 3829 Leathertop Dr

City Plano State TX Zip Code 75075-1592

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

Name of Employer Watermark Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36729032
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Steven Kenneth Korthuis

Mailing Address 1824 Front St Ste A

City Lynden State WA Zip Code 98264-1729

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

Name of Employer Lynden Family Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36730394
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dan Robert Hoyt

Mailing Address 95 Calle de Paz

City Alamogordo State NM Zip Code 88310-9524

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

Name of Employer Back in Action Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 13 / 2010
Transaction ID: 36730568
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: (check only one)	PAGE 18 / 77
	<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 Richard Snyder		Date of Receipt
	Mailing Address 419 Southern Hills Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2010
	City	State	Zip Code
	Borden	IN	47106-8511
	FEC ID number of contributing federal political committee. C		Transaction ID: 36732554
Name of Employer Floyd Memorial Hospital		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

B.	Full Name (Last, First, Middle Initial) Gregory Santema		Date of Receipt
	Mailing Address 2914 Aspen Lake Dr NE		<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 09 / 13 / 2010
	City	State	Zip Code
	Minneapolis	MN	55449-7508
	FEC ID number of contributing federal political committee. C		Transaction ID: 36732559
Name of Employer MultiCenter Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Cindy Furey		Date of Receipt
	Mailing Address 5677 Oberlin Dr Ste 106		<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 09 / 14 / 2010
	City	State	Zip Code
	San Diego	CA	92121-1741
	FEC ID number of contributing federal political committee. C		Transaction ID: 36742027
Name of Employer Comprehensive Therapy Services		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"/> 1400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
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 19 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr 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 ▼ 450.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742028
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 ▼ 400.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742038
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Kathryn B. Stenslie

Mailing Address 6201 River Rd.
Apt. 205

City State Zip Code
Columbus GA 31904-4557

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

Name of Employer Occupation
PT Pros PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742069
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 20 / 77
(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)
Margaret D. Soucek

Mailing Address 178 W Elm Ave

City State Zip Code
Mantua NJ 08051-1510

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

Name of Employer Occupation
UM Hospital PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742070
Amount of Each Receipt this Period: 100.00

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

Mailing Address 850 Road 5

City State Zip Code
Powell WY 82435-8422

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

Name of Employer Occupation
Advantage Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742071
Amount of Each Receipt this Period: 100.00

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

Mailing Address 557 Park St Apt 6

City State Zip Code
Lewiston ID 83501-2581

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

Name of Employer Occupation
St. Joseph Regional Medical Center PTA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742075
Amount of Each Receipt this Period: 50.00

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 21 / 77
(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)
Anne-Marie Sirois

Mailing Address 10 Tatomuck Rd

City Pound Ridge State NY Zip Code 10576-1429

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742091
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dennis P. Langton

Mailing Address 727 Live Oak Dr

City El Cajon State CA Zip Code 92020-5633

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742094
Amount of Each Receipt this Period: 50.00

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

Mailing Address 15 Lisa Ln

City Ithaca State NY Zip Code 14850-1762

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: 09 / 16 / 2010
Transaction ID: 36742095
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 22 / 77
	<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 Victoria S T Tilley		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 1101 Bartlett Cir		Transaction ID: 36742099		
	City Hillsborough	State NC	Zip Code 27278-6772	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

B.	Full Name (Last, First, Middle Initial) Kristin Von Nieda		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 3420 Warden Dr		Transaction ID: 36742103		
	City Philadelphia	State PA	Zip Code 19129-1418	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Temple University	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

C.	Full Name (Last, First, Middle Initial) Elmer Platz		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 418 Route 515		Transaction ID: 36742106		
	City Vernon	State NJ	Zip Code 07462-3027	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00			

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 23 / 77
(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)
Rick Anthony Gawenda

Mailing Address 7913 Creek Bend Dr

City Ypsilanti State MI Zip Code 48197-6204

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

Name of Employer Detroit Medical Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742107
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Mr Robert H. Clark, II

Mailing Address 68 Mile Hill Rd S

City Newtown State CT Zip Code 06470-2360

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: 09 / 16 / 2010
Transaction ID: 36742113
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr Barbara Sanders

Mailing Address 6913 Nubian Ln

City Austin State TX Zip Code 78739-2203

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

Name of Employer Texas State University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742114
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 77
(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 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 ▼
735.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 36742115

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms Amy Christiaens Sanderson

Mailing Address 30905 S Pine Grove Rd

City State Zip Code
Cheney WA 99004-9306

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

Name of Employer Occupation
Apex Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 36742117

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Kathy White

Mailing Address PO Box 10565

City State Zip Code
Knoxville TN 37939-0565

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 36742118

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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 / 77
(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 ▼ 700.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742121
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Ms Sharon L. Dunn

Mailing Address 5730 Marina Bay Dr

City Shreveport State LA Zip Code 71119-3918

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

Name of Employer LSUHSC-Shreveport Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742134
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
David D. Watson

Mailing Address 1730 W Point Cir

City Indiana State PA Zip Code 15701-1553

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

Name of Employer Phoenix Rehabilitation Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: 36742143
Amount of Each Receipt this Period: 525.00

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 77
(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 Julie A. Ellis

Mailing Address 3228 Highlawn

City State Zip Code
Twin Falls ID 83301-8417

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

Name of Employer Occupation
Center for Physical Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 36749929

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Michael Nolan

Mailing Address 2513 Raven Rd

City State Zip Code
Wilmington DE 19810-3540

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

Name of Employer Occupation
Excel Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 36757700

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr Robert James Seton

Mailing Address 1950 Bluewater Blvd Ste 101

City State Zip Code
Niceville FL 32578-3888

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

Name of Employer Occupation
Orthopedic & Sports Phy Therapy Ctr PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 36757704

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 77
(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
							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)
Mehrzaed Setayesh

Mailing Address 1513 Tesoro Ave

City Rancho Viejo State TX Zip Code 78575-9717

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: 09 / 23 / 2010
Transaction ID: 36776930
 Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Mr Peter Barnett

Mailing Address PO Box 319
194 2nd Ave

City Cedar Grove State NJ Zip Code 07009-0319

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 ▼ 800.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36787255
 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 ▼ 1666.68

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36787256
 Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ► **608.33**

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: PAGE 28 / 77
(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 Andrew Johnson

Mailing Address 1718 Elmwood Dr

City Highland Park State IL Zip Code 60035-2322

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: 09 / 23 / 2010
Transaction ID: 36791698
Amount of Each Receipt this Period: 500.00

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

Mailing Address 5400 Kennedy Ave

City Cincinnati State OH Zip Code 45213-2664

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36792682
Amount of Each Receipt this Period: 50.00

C. 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 ▼ 900.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36792684
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Daniel Lilley		Date of Receipt
	Mailing Address 800 Compton Rd Unit 3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Cincinnati	OH	45231-3846
	FEC ID number of contributing federal political committee. C		Transaction ID: 36792688
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"/> 2250.00	

B.	Full Name (Last, First, Middle Initial) Dr David A. Pariser		Date of Receipt
	Mailing Address 5319 Manor Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Crestwood	KY	40014-8845
	FEC ID number of contributing federal political committee. C		Transaction ID: 36792691
Name of Employer Bellarmine University		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"/> 60.00
		<input type="text"/> 540.00	

C.	Full Name (Last, First, Middle Initial) Mr Greg Joseph LeBlanc		Date of Receipt
	Mailing Address 16313 Spanish Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Greenwell Springs	LA	70739-5935
	FEC ID number of contributing federal political committee. C		Transaction ID: 36792692
Name of Employer Baton Rouge Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 381.68	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 335.00
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 30 / 77
(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)
Dr William D. Bandy

Mailing Address PTC 300

City State Zip Code
Conway AR 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 ▼
505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: 36792693

Amount of Each Receipt this Period
50.00

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

Mailing Address 822 Cartier Ln

City State Zip Code
Little Rock AR 72211-5509

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

Name of Employer Arkansas Children's Hospital
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: 36792695

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Jeanine Marie Gunn

Mailing Address 6670 Loveland Miamiville Rd

City State Zip Code
Loveland OH 45140-8732

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: 36792729

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 31 / 77
(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)
Mary Lynn Wilson English
Mailing Address 1985 Blackhorse Ln
City Lexington State KY Zip Code 40503-3707
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Kentucky Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 09 / 23 / 2010
Transaction ID: 36792822
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr Lisa Kristine Saladin
Mailing Address 1325 Overcreek Ct
City Mount Pleasant State SC Zip Code 29464-9490
FEC ID number of contributing federal political committee. **C**
Name of Employer MUSC Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1120.00
Date of Receipt 09 / 23 / 2010
Transaction ID: 36792862
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Timothy Schell
Mailing Address 201 Erie St Ste B
City Grove City State PA Zip Code 16127-1659
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 ▼ 4000.00
Date of Receipt 09 / 23 / 2010
Transaction ID: 36792887
Amount of Each Receipt this Period 500.00

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 32 / 77
(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 ▼ 800.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36792891
Amount of Each Receipt this Period: 100.00

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 ▼ 1750.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36792926
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
David Vincent Powers

Mailing Address 1583 Calle Patricia Ste 200

City State Zip Code
Pacific Palisades CA 90272-1942

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

Name of Employer Occupation
Ultimate Rehab PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36792941
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 33 / 77
(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)
Maria V. Gerlich

Mailing Address 41 Yale St

City State Zip Code
Maplewood NJ 07040-3135

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
09 / 23 / 2010

Transaction ID: 36792952

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 443 Wentz St

City State Zip Code
Kutztown PA 19530-1033

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

Name of Employer Cellfication Inc. Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 36792953

Amount of Each Receipt this Period
100.00

C.

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 ▼
800.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 36792961

Amount of Each Receipt this Period
200.00

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 34 / 77
(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)
Diane Thompson

Mailing Address PO Box 620

City Elmer State NJ Zip Code 08318-0620

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: 09 / 21 / 2010
Transaction ID: 36795733
 Amount of Each Receipt this Period: 62.50

B.

Full Name (Last, First, Middle Initial)
Connie B Miller

Mailing Address PO Box 6

City Chelan State WA Zip Code 98816-0006

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

Name of Employer Chelan Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: 36911589
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
John D. Barnes

Mailing Address 1005 Hardee Place

City Alexandria State VA Zip Code 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 ▼ 730.93

Date of Receipt: 09 / 24 / 2010
Transaction ID: 36913918
 Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ► 150.97

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 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr 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 ▼
400.56

Date of Receipt
09 / 24 / 2010
Transaction ID: 36913920
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 ▼
365.56

Date of Receipt
09 / 24 / 2010
Transaction ID: 36913922
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 ▼
365.56

Date of Receipt
09 / 24 / 2010
Transaction ID: 36913923
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: (check only one)	PAGE 36 / 77
	<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) Karen Jost		Date of Receipt
	Mailing Address 400 Madison Street Unit 805		<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 09 / 24 / 2010
	City	State	Zip Code
	Alexandria	VA	22314-1747
	FEC ID number of contributing federal political committee. C		Transaction ID: 36913925
Name of Employer APTA		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"/> 40.00
		<input type="text"/> 760.00	

B.	Full Name (Last, First, Middle Initial) Justin D Moore		Date of Receipt
	Mailing Address 4819 1st St S		<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 09 / 24 / 2010
	City	State	Zip Code
	Arlington	VA	22204-1315
	FEC ID number of contributing federal political committee. C		Transaction ID: 36913926
Name of Employer APTA		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"/> 38.47
		<input type="text"/> 730.93	

C.	Full Name (Last, First, Middle Initial) Dr Terence Carlisle Brown		Date of Receipt
	Mailing Address 936 Walnut Rd		<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 09 / 25 / 2010
	City	State	Zip Code
	Frankfort	KY	40601-8629
	FEC ID number of contributing federal political committee. C		Transaction ID: 36918167
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"/> 1000.00
		<input type="text"/> 1035.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1078.47
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 / 77
(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)
Clifford Wayne Lafreniere

Mailing Address 33685 County Road 46

City State Zip Code
Park Rapids MN 56470

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

Name of Employer Select Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 36918742

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jane K. Okubo

Mailing Address 6711 Rappahannock Way

City State Zip Code
Carmichael CA 95608-1552

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 36918759

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Daniel Robert Alma

Mailing Address 3655 Indian Queen Ln Apt 6

City State Zip Code
Philadelphia PA 19129-1535

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

Name of Employer Excel Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: 36919042

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 77
(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)
Dallas Clay Williams

Mailing Address 443 Elkins Lk

City State Zip Code
Huntsville TX 77340-7311

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

Name of Employer Physical Therapy Associates
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: 36922246

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs Emma W. White

Mailing Address 1262 Dovershire CT

City State Zip Code
High Point NC 27262-7306

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

Name of Employer High Point Regional Health System
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: 36922248

Amount of Each Receipt this Period
84.00

C.

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

Mailing Address 124 Cherryfield Ln

City State Zip Code
Savannah GA 31419-9095

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

Name of Employer Armstrong State University
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 36934722

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ▶ **625.67**

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 39 / 77
(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 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 ▼
555.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: 36934727

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms 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 ▼
420.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: 36934734

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Kristie Patricia Leverenz

Mailing Address 7411 112th St

City State Zip Code
Blue Grass IA 52726-9121

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

Name of Employer: United Therapy Services Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: 36934740

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 77
	<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) Sheila G. Farrell	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 12600 Glen Mill Rd	Transaction ID: 36934742
	City State Zip Code Potomac MD 20854-1933	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Nancy B. Reese	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 201 S Donaghey Avenue, Ptc 303	Transaction ID: 36934751
	City State Zip Code Conway AR 72035-5001	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Central Arkansas Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Eric Winfred Jackson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3662 Inwood Ave	Transaction ID: 36934755
	City State Zip Code New Orleans LA 70131-8404	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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 41 / 77
(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 Jackson State AL Zip Code 36545-0037

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

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 36934766
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Michael Sean Hampton

Mailing Address 10585 Santa Monica Blvd Ste 100

City Los Angeles State CA Zip Code 90025-4984

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

Name of Employer ADI Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 36934768
 Amount of Each Receipt this Period 100.00

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

Mailing Address 62944 Sunset Dr

City Nevada State IA Zip Code 50201-7947

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

Name of Employer 21st Century Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 36934769
 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: PAGE 42 / 77
(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)
Pauline Flesch

Mailing Address 9684 Cedar Point Dr

City State Zip Code
Carmel IN 46032-9574

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

Name of Employer Occupation
Clarian Health Partners PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: 36942361

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Matthew Scott Dewing

Mailing Address RR 1 Box 140C

City State Zip Code
Towanda PA 18848-9787

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

Name of Employer Occupation
Procure Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: 36968422

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dinah Lee Pesnell

Mailing Address 2910 Thunderbird Dr

City State Zip Code
Sierra Vista AZ 85650-6686

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: 36968423

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 43 / 77
(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 Simons

Mailing Address 8711 Highland Hills Rd

City State Zip Code
Rapid City SD 57702-8954

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

Name of Employer Occupation
Custer Regional Hospital 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
09 / 30 / 2010

Transaction ID: 36968436

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Darren A. Rodia

Mailing Address 1528 High Country Rd

City State Zip Code
Downingtown PA 19335-5706

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

Name of Employer Occupation
Kinetic Physical Therapy 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
09 / 29 / 2010

Transaction ID: 36970447

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms Valerie Amoss Brill

Mailing Address 956 Cloud Ln

City State Zip Code
West Chester PA 19382-2114

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2010

Transaction ID: 36970453

Amount of Each Receipt this Period
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 44 / 77	
	(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)
William Charles Walkey

Mailing Address 25 Forest Glen Ln SW

City Lakewood	State WA	Zip Code 98498-5306
------------------	-------------	------------------------

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

Name of Employer Functional Fitness	Occupation PT
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 37125482

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	20559.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 77	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Souder For Congress Inc.		Date of Receipt																					
	Mailing Address P.O. Box 40233		<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>9</td><td></td><td>2</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	9		2	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	0		2	0	1	0														
	City State Zip Code Fort Wayne IN 46804		Transaction ID: 36781856																					
	FEC ID number of contributing federal political committee. C C00285189		Amount of Each Receipt this Period 1500.00																					
Name of Employer Occupation																								
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 46 / 77	
	(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>9</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	9		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	1	0													
City	State	Zip Code																				
Alexandria	VA	22314																				
FEC ID number of contributing federal political committee.		Transaction ID: 37158094																				
C		Amount of Each Receipt this Period																				
		117.56																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General		1076.64																				
<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Receipts This Page (optional)	▶	117.56
TOTAL This Period (last page this line number only)	▶	117.56

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Jamie Boomgarden for State House</p> <p>Mailing Address 27348 461st Avenue</p> <p>City Chancellor State SD Zip Code 57015</p> <p>Purpose of Disbursement Jamie Boomgarden, STATE HOUSE 17th SD</p> <p>Candidate Name Jamie Boomgarden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36550578 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Jamie Boomgarden, STATE HOUSE 17th SD</p>
<p>B. Full Name (Last, First, Middle Initial) Lowe for Statehouse</p> <p>Mailing Address 507 West Cheves Street</p> <p>City Florence State SC Zip Code 29501</p> <p>Purpose of Disbursement Phillip Lowe, STATE HOUSE 60th SC</p> <p>Candidate Name Phillip Lowe</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 60</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36550580 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 499.00</p> <p>Phillip Lowe, STATE HOUSE 60th SC</p>
<p>C. Full Name (Last, First, Middle Initial) Sean Roberts for State Representative</p> <p>Mailing Address 114 West Main Street</p> <p>City Hominy State OK Zip Code 74035</p> <p>Purpose of Disbursement Sean Roberts, STATE HOUSE 32nd OK</p> <p>Candidate Name Sean Roberts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 36</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36550674 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Sean Roberts, STATE HOUSE 32nd OK</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4499.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Citizens for Garland

Mailing Address 4983 Meadway Drive

City State Zip Code
New Albany OH 43054

Purpose of Disbursement
Nancy Garland, STATE HOUSE 20th OH

Candidate Name
Nancy Garland

Office Sought: House
 Senate
 President

State: OH District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 36571478

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

Nancy Garland, STATE HOUSE
20th OH

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

6999.00

**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)
Next Century Fund

Mailing Address 116 S. Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 011 Category/Type

Candidate Name

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

Transaction ID: 36550581
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 1600 Roosevelt Avenue Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Timothy J. (Tim) Ryan

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District: 17

Transaction ID: 36550582
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends Of Kelly Ayotte

Mailing Address PO Box 233

City Nashua State NH Zip Code 03061

Purpose of Disbursement 011 Category/Type

Candidate Name Kelly Ayotte

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

Transaction ID: 36550600
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Chandler for Congress</p> <p>Mailing Address P.O. Box 12678</p> <p>City Lexington State KY Zip Code 40583</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Ben Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36550630</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Scott For Congress</p> <p>Mailing Address 1405 Ashley River Road</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Timothy Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36550694</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Keep Nick Rahall In Congress Committee</p> <p>Mailing Address P O Box 64</p> <p>City Beckley State WV Zip Code 25802</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Nick Rahall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36550784</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

<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) Julie Lassa For Congress	Transaction ID: 36571481 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO Box 112	Amount of Each Disbursement this Period 2000.00
	City Stevens Point State WI Zip Code 54481	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Ms. Julie Lassa	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Rand Paul For Us Senate	Transaction ID: 36729207 Date of Disbursement 09 / 13 / 2010
	Mailing Address 1019 State Street	Amount of Each Disbursement this Period 5000.00
	City Bowling Green State KY Zip Code 42101	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Rand Paul	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) King for Congress	Transaction ID: 36729208 Date of Disbursement 09 / 13 / 2010
	Mailing Address 10582 Canterbury Road Suite 350	Amount of Each Disbursement this Period 1000.00
	City Fairfax Station State VA Zip Code 22039	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Steve King	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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) Toomey For Senate Committee		Transaction ID: 36729210 Date of Disbursement 09 / 13 / 2010	
	Mailing Address 2720 Jordan Road		Amount of Each Disbursement this Period 2500.00	
	City Orefield	State PA		
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Patrick Toomey		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District:		
B.	Full Name (Last, First, Middle Initial) Trey Gowdy For Congress		Transaction ID: 36729212 Date of Disbursement 09 / 13 / 2010	
	Mailing Address PO Box 3324		Amount of Each Disbursement this Period 2000.00	
	City Spartanburg	State SC		
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Trey Gowdy		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: SC District: 04		
C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid		Transaction ID: 36729214 Date of Disbursement 09 / 13 / 2010	
	Mailing Address P.O. Box 19163		Amount of Each Disbursement this Period 4000.00	
	City Las Vegas	State NV		
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Harry Reid		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: NV District:		

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Fortney Peter Stark

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

State: CA District: 13

Transaction ID: 36729215

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Hoeven For Senate

Mailing Address PO Box 15114

City State Zip Code
Arlington VA 22215

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. John Hoeven

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

State: VA District:

Transaction ID: 36729216

Date of Disbursement

/

Amount of Each Disbursement this Period

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

Mailing Address P.O. Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement

Category/
Type

Candidate Name
Michael Rogers

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

State: MI District: 08

Transaction ID: 36729254

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City La Crosse State WI Zip Code 54601 Purpose of Disbursement 011 Category/Type Candidate Name Mr. Ronald Kind 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: WI District: 03	Transaction ID: 36729255 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Wu For Congress Mailing Address 818 Sw Third Ave., #1182 City Portland State OR Zip Code 97204 Purpose of Disbursement 011 Category/Type Candidate Name Mr. David Wu Office Sought: <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: OR District: 01	Transaction ID: 36729256 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement 011 Category/Type Candidate Name Mr. Henry Waxman 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: 29	Transaction ID: 36729257 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Kathleen A. Dahlkemper

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

State: PA District: 03

Transaction ID: 36729258

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Volunteers For Shimkus

Mailing Address P.O. Box 661
PO Box 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. John Shimkus

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

State: IL District: 20

Transaction ID: 36729259

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Thaddeus G. McCotter

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

State: MI District: 11

Transaction ID: 36729260

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Denham For Congress <hr/> Mailing Address 2150 River Plaza Dr #150 <hr/> City Sacramento State CA Zip Code 95833 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Jeff Denham <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729287 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael A. Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729440 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress <hr/> Mailing Address P. O. Box 909 <hr/> City Columbus State GA Zip Code 31902 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Sanford D. Bishop, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729442 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Boren For Congress Mailing Address PO Box 1924 City Muskogee State OK Zip Code 74402 Purpose of Disbursement Candidate Name Rep. Daniel Boren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729443 Date of Disbursement 09 / 13 / 2010	
	Amount of Each Disbursement this Period 2000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc. Mailing Address 319 Nancy'S Road City Quitman State LA Zip Code 71268 Purpose of Disbursement Candidate Name Mr. Rodney Alexander Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729444 Date of Disbursement 09 / 13 / 2010
Amount of Each Disbursement this Period 1500.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) People For Pearce Mailing Address PO Box 2696 City Hobbs State NM Zip Code 88241 Purpose of Disbursement Candidate Name Mr. Stevan Pearce 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) ▼	Transaction ID: 36729445 Date of Disbursement 09 / 13 / 2010
Amount of Each Disbursement this Period 4000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)
Duncan D. Hunter For Congress

Mailing Address 9340 Fuerte Drive Suite 302

City La Mesa State CA Zip Code 91941

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Duncan L. Hunter

Office Sought: House Senate President
State: CA District: 52
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 36729487
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Hal Rogers for Congress

Mailing Address P.O. Box 1214
E. Mount Vernon Street

City Somerset State KY Zip Code 42502

Purpose of Disbursement

Category/
Type

Candidate Name
Harold Rogers

Office Sought: House Senate President
State: KY District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 36729489
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. Earl Blumenauer

Office Sought: House Senate President
State: OR District: 03
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 36729490
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Betty Sutton For Congress	Transaction ID: 36729491 Date of Disbursement 09 / 13 / 2010
	Mailing Address 1700 W Market St #155	Amount of Each Disbursement this Period 2000.00
	City Akron State OH Zip Code 44313	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Betty S. Sutton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Walberg For Congress	Transaction ID: 36729492 Date of Disbursement 09 / 13 / 2010
	Mailing Address 6769 Teachout Rd.	Amount of Each Disbursement this Period 2500.00
	City Tipton State MI Zip Code 49287	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Timothy Walberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Georgians For Isakson	Transaction ID: 36729493 Date of Disbursement 09 / 13 / 2010
	Mailing Address Post Office Box 250116	Amount of Each Disbursement this Period 2000.00
	City Atlanta State GA Zip Code 30325	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Johnny Isakson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Joe Pitts Committee</p> <p>Mailing Address P.O. Box 2776</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Joseph Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16</p>	<p>Transaction ID: 36729505 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13</p>	<p>Transaction ID: 36729506 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address P.O. Box 24551</p> <p>City Pittsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Tim Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18</p>	<p>Transaction ID: 36729507 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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) Geoff Davis for Congress	Transaction ID: 36729508 Date of Disbursement 09 / 13 / 2010
	Mailing Address 700 12th Street, NW Suite 700	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Geoff Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Oliverio For Congress	Transaction ID: 36729509 Date of Disbursement 09 / 13 / 2010
	Mailing Address 1199 Van Voorhis Rd Suite 6	Amount of Each Disbursement this Period 1500.00
	City Morgantown State WV Zip Code 26505	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Michael Oliverio	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV 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) Martin Heinrich For Congress, Inc.	Transaction ID: 36729511 Date of Disbursement 09 / 13 / 2010
	Mailing Address 2118 Central Avenue Se #71	Amount of Each Disbursement this Period 2000.00
	City Albuquerque State NM Zip Code 87106	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Martin Heinrich	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Virginia Foxx for Congress <hr/> Mailing Address P.O. Box 2776 <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement <hr/> Candidate Name Virginia Foxx <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729512 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729513 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Steve Cohen For Congress <hr/> Mailing Address 349 Kenilworth Place <hr/> City Memphis State TN Zip Code 38112 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Stephen Cohen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729540 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Bob Filner For Congress <hr/> Mailing Address PO Box 121480 <hr/> City Chula Vista State CA Zip Code 91912 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Bob Filner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729541 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Boucher For Congress Committee <hr/> Mailing Address P.O. Box 2000 <hr/> City Abingdon State VA Zip Code 24212 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Rick Boucher <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2000.00	
011 Category/ Type	Transaction ID: 36729545 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress <hr/> Mailing Address 22 West Padonia Road Suite C-141 <hr/> City Timonium State MD Zip Code 21093 <hr/> Purpose of Disbursement <hr/> Candidate Name C.A. Dutch Ruppensberger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729545 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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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) John Salazar For Congress	Transaction ID: 36729547 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. Box 534	
	City Pueblo State CO Zip Code 81002	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Candidate Name Rep. John T. Salazar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Courtney for Congress	Transaction ID: 36729550 Date of Disbursement 09 / 13 / 2010
	Mailing Address 301 4th Street, NE	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Jaime Herrera For Congress	Transaction ID: 36729554 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 1614	
	City Ridgefield State WA Zip Code 98642	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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Detailed Summary Page

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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) Bralley For Congress		Transaction ID: 36729555	
	Mailing Address PO Box 390		Date of Disbursement 09 / 13 / 2010	
	City Waterloo	State IA	Zip Code 50704	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Bruce Bralley		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IA District: 01		
B.	Full Name (Last, First, Middle Initial) Manchin For West Virginia		Transaction ID: 36729557	
	Mailing Address PO Box 5202		Date of Disbursement 09 / 13 / 2010	
	City Charleston	State WV	Zip Code 25361	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Joe Manchin		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: WV District:		
C.	Full Name (Last, First, Middle Initial) Citizens For Altmire		Transaction ID: 36729564	
	Mailing Address P.O. Box 1776		Date of Disbursement 09 / 13 / 2010	
	City Freedom	State PA	Zip Code 15042	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Jason Altmire		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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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) Rehberg For Congress	Transaction ID: 36729565 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 1597	Amount of Each Disbursement this Period 1000.00
	City Helena State MT Zip Code 59624	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Dennis R. Rehberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Conaway for Congress	Transaction ID: 36729567 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. Box 51272	Amount of Each Disbursement this Period 1000.00
	City Midland State TX Zip Code 79710	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Michael Conaway	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Fitzpatrick for Congress	Transaction ID: 36729573 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. Box 1772	Amount of Each Disbursement this Period 2500.00
	City Doylestown State PA Zip Code 18901	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mike Fitzpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	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**

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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) Steve Rothman For New Jersey Inc. <hr/> Mailing Address P.O. Box 714 <hr/> City Hackensack State NJ Zip Code 07602 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steven R. Rothman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729575 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 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) Candice Miller For Congress <hr/> Mailing Address P.O. Box 182152 <hr/> City Shelby Township State MI Zip Code 48318 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Candice S. Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729577 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 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) ▼
C. Full Name (Last, First, Middle Initial) Ellsworth For Indiana <hr/> Mailing Address P.O. Box 62 <hr/> City Evansville State IN Zip Code 47701 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Brad Ellsworth <hr/> 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) ▼	Transaction ID: 36729578 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 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) ▼

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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Leonard Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03</p>	<p>Transaction ID: 36729585 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02</p>	<p>Transaction ID: 36729586 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Walz For Us Congress</p> <p>Mailing Address PO Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Timothy J. Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01</p>	<p>Transaction ID: 36729588 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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) Ros-Lehtinen For Congress	Transaction ID: 36729594 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 522784	Amount of Each Disbursement this Period 2000.00
	City Miami State FL Zip Code 33152	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Ms. Ileana Ros-Lehtinen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 36729596 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. Box 1986	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27602	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. David Price	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	Disbursement For: 2010 <input 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: 36729598 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 326	Amount of Each Disbursement this Period 1000.00
	City Everett State WA Zip Code 98206	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Richard Larsen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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) David Vitter For Us Senate	Transaction ID: 36729599 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 8175	Amount of Each Disbursement this Period 5000.00
	City Metairie State LA Zip Code 70011	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. David Vitter	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Herron For Congress	Transaction ID: 36729611 Date of Disbursement 09 / 13 / 2010
	Mailing Address 142 West Main Street	Amount of Each Disbursement this Period 5000.00
	City Dresden State TN Zip Code 38225	011 Category/ Type
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 36731078 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 5000.00
	City Winnetka State IL Zip Code 60093	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Mark Kirk	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Blumenthal For Senate	Transaction ID: 36784406 Date of Disbursement 09 / 20 / 2010
	Mailing Address 777 Summer Street	Amount of Each Disbursement this Period 5000.00
	City Stamford State CT Zip Code 06901	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Richard Blumenthal	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Womack For Congress Finance Committee	Transaction ID: 36784407 Date of Disbursement 09 / 20 / 2010
	Mailing Address 314 W Walnut PO Box 508	Amount of Each Disbursement this Period 2000.00
	City Rogers State AR Zip Code 72757	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Steve Womack	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Chuck Fleischmann For Congress Committee, Inc.	Transaction ID: 36784409 Date of Disbursement 09 / 20 / 2010
	Mailing Address P.O. Box 11091 Suite 1000 James Building	Amount of Each Disbursement this Period 2000.00
	City Chattanooga State TN Zip Code 37401	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Charles Fleischmann	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN 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) ►

9000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 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) Randy Hultgren For Congress		Transaction ID: 36784410	
	Mailing Address PO Box 39		Date of Disbursement 09 / 20 / 2010	
	City Batavia	State IL	Zip Code 60510	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Randy Hultgren				
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: IL District: 14				
B.	Full Name (Last, First, Middle Initial) Robert Hurt For Congress		Transaction ID: 36784411	
	Mailing Address PO Box 2		Date of Disbursement 09 / 20 / 2010	
	City Chatham	State VA	Zip Code 24531	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Robert Hurt				
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: VA District: 05				
C.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte		Transaction ID: 36784437	
	Mailing Address PO Box 233		Date of Disbursement 09 / 20 / 2010	
	City Nashua	State NH	Zip Code 03061	Amount of Each Disbursement this Period 5000.00
	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		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH District:				

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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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) Gary Miller for Congress <hr/> Mailing Address 721 S. Brea Canyon Road Suite 7 <hr/> City Walnut State CA Zip Code 91789 <hr/> Purpose of Disbursement <hr/> Candidate Name Gary Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36784438 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36784439 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Transaction ID: 36784464 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Richardson For Congress <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Laura Richardson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36784464 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type		

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Walter Jones Committee	Transaction ID: 36784466 Date of Disbursement
	Mailing Address PO Box 3962	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Greenville State NC Zip Code 27836	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: NC District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Friends Of Weiner	Transaction ID: 36784467 Date of Disbursement
	Mailing Address 1 Ascan Avenue #31 Suite 31	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Forest Hills State NY Zip Code 11375	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress	Transaction ID: 36784468 Date of Disbursement
	Mailing Address PO Box 350	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Jamestown State TN Zip Code 38556	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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) Kaptur For Congress	Transaction ID: 36784469 Date of Disbursement
	Mailing Address P.O. Box 899	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Toledo State OH Zip Code 43697	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee	Transaction ID: 36784470 Date of Disbursement
	Mailing Address PO Box 260	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Newtonville State MA Zip Code 02460	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: MA District: 04	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 D. Dingell For Congress	Transaction ID: 36784472 Date of Disbursement
	Mailing Address 607 14th Street, Nw Suite 800	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	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: DC District: 16	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="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress	Transaction ID: 36784473
	Mailing Address PO Box 1045	Date of Disbursement 09 / 20 / 2010
	City Erie State PA Zip Code 16512	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Kathleen A. Dahlkemper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress	Transaction ID: 36784474
	Mailing Address P.O. Box 2601	Date of Disbursement 09 / 20 / 2010
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Candidate Name Mario Diaz-Balart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Woolsey For Congress	Transaction ID: 36784476
	Mailing Address P.O. Box 750176	Date of Disbursement 09 / 20 / 2010
	City Petaluma State CA Zip Code 94975	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Candidate Name Lynn Woolsey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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) Andre Carson For Congress Mailing Address P.O. Box 1863 City Indianapolis State IN Zip Code 46206 Purpose of Disbursement 011 Candidate Name Andre Carson 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: IN District: 07	Transaction ID: 36923629 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Ensign For Senate Mailing Address PO Box 370667 City Las Vegas State NV Zip Code 89137 Purpose of Disbursement 011 Candidate Name Mr. John Ensign Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	Transaction ID: 36923652 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Marino For Congress Mailing Address PO Box 653 City Williamsport State PA Zip Code 17703 Purpose of Disbursement 011 Candidate Name Mr. Thomas Marino Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 10	Transaction ID: 36923685 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	179500.00