

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

ADDRESS (number and street) 3030 Potomac Avenue, Suite 100 Alexandria VA 22305 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/05/2024 in the State of VA

5. Covering Period 10/01/2024 through 10/16/2024

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 Keen, David, , Mr,

Signature of Treasurer Keen, David, , Mr, Date 10/22/2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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="2024"/> | | <input type="text" value="711495.24"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="500590.26"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="89976.65"/> | <input type="text" value="422262.76"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="590566.91"/> | <input type="text" value="1133758.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="91000.00"/> | <input type="text" value="634191.09"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="499566.91"/> | <input type="text" value="499566.91"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 10 / 01 / 2024 To: 10 / 16 / 2024

| 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)..... | 81183.63 | 248809.04 |
| (ii) Unitemized | 8793.02 | 161785.48 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 89976.65 | 410594.52 |
| (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) | 89976.65 | 410594.52 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 11668.24 |
| 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 Transfers (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)).....▶ | 89976.65 | 422262.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 89976.65 | 422262.76 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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..... | 91000.00 | 628500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 0.00 | 5691.09 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated 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)) .. | 91000.00 | 634191.09 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 91000.00 | 634191.09 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| 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) | 89976.65 | 410594.52 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 89976.65 | 410594.52 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Peel, Claire, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Palo Blanco Creek Ln
 City Georgetown State TX Zip Code 78633-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of St. Augustine Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2024
Transaction ID : 89219197
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Waller, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1012 Hillside Cir
 City Verona State WI Zip Code 53593-8375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UW Health Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2024
Transaction ID : 89240945
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Balcerak, Brett, Jerome, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Dow Reef Dr.
 City Beach City State TX Zip Code 77523-9077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PhysioStaff, LLC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 01 / 2024
Transaction ID : 89240946
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 634.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 94 |
| | <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-PAC)

A. Robinson, Rebecca, Cox, Dr,
 Mailing Address 4927 Harville Rd
 City Statesboro State GA Zip Code 30458-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Southern University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2024
Transaction ID : 89240950
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Springer, David, William, Mr,
 Mailing Address 10314 S Baltimore Rd
 City Spokane State WA Zip Code 99223-9401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Spine and Pain Medicine Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2024
Transaction ID : 89240952
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Marko, Theresa, , Dr,
 Mailing Address 190 Beach 69th St Apt 6D
 City Arverne State NY Zip Code 11692-1377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marko Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 02 / 2024
Transaction ID : 89240953
 Amount of Each Receipt this Period 19.25
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 111.25 |
| 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 OF 94 |
| | <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-PAC)

| | | | | | |
|---|-------------|-------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lesko, Jennifer, Ann, Dr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2024 Transaction ID : 89240954 | | |
| Mailing Address 3710 Sw Cloverdale St | | | Amount of Each Receipt this Period 250.00 | | |
| City Seattle | State WA | Zip Code 98126-3624 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer (for Individual) Therapeutic Associates Inc. | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zadai, Cynthia, C., Dr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2024 Transaction ID : 89240957 | | |
| Mailing Address 263 Great Meadows Rd | | | Amount of Each Receipt this Period 125.00 | | |
| City Concord | State MA | Zip Code 01742-1804 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer (for Individual) Self-Employed | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|-------------|-------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Norby, Sandra, Lee, , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2024 Transaction ID : 89240958 | | |
| Mailing Address 44 Katrina Street PO Box 627 | | | Amount of Each Receipt this Period 210.00 | | |
| City Arnolds Park | State IA | Zip Code 51331-7751 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer (for Individual) HomeTown Physical Therapy | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 2100.00 | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 585.00 |
| 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 OF 94 |
| | <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-PAC)

A. Palisca, Lindsay, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4105 Nw Walden St
 City Camas State WA Zip Code 98607-8840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240959
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Peckenpough, John, E., Mr, Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8209 144th Dr SE
 City Snohomish State WA Zip Code 98290-9079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240960
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Larsen, Deborah, Sue, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5842 Chatterfield Dr
 City Dublin State OH Zip Code 43017-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240961
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| 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 10 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Renelt, Daniel, Raymond, ,

Mailing Address 1803 N Alberta St

City Portland State OR Zip Code 97217-3537

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240963

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Courtenay, Julianne, , Dr,

Mailing Address 23254 Cuestport Dr

City Valencia State CA Zip Code 91354-1905

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

Name of Employer (for Individual) Therapeutic Associates Inc. Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240965

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Nielsen, John, Richard, Mr,

Mailing Address 600 Country Club Road

City Eugene State OR Zip Code 97401-2240

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240967

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Jacobs, Robb, Douglas, ,

Mailing Address 210 S 72nd Ave Ste 130

| | | |
|----------------|-------------|------------------------|
| City Yakima | State WA | Zip Code 98908-1689 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Therapeutic Associates | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
628.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2024

Transaction ID : 89240971

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Blanchard, Jeffrey, Raymond, Mr,

Mailing Address 5364 Norma Ave Se

| | | |
|---------------|-------------|------------------------|
| City Salem | State OR | Zip Code 97306-1596 |
|---------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Therapeutic Associates | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2024

Transaction ID : 89240972

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bisson, Maren, Pauline, ,

Mailing Address 3520 Sw Admiral Way

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98126-2114 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Therapeutic Associates | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2024

Transaction ID : 89240973

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| 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 12 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Benson, Aubree, Jane, ,

Mailing Address 3019 N Hunt St

City Portland State OR Zip Code 97217-7163

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

Name of Employer (for Individual) Therapeutic Associates Inc. Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 03 / 2024
Transaction ID : 89240974

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Vala-Haynes, Belen, Nancy, Ms,

Mailing Address 6355 N Atlantic Ave

City Portland State OR Zip Code 97217-5001

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 03 / 2024
Transaction ID : 89240976

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Lewis, Angela, Marie, Mrs,

Mailing Address 4271 Silverado Trl

City Eugene State OR Zip Code 97404-4086

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 03 / 2024
Transaction ID : 89240977

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 94
(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-PAC)

A. Moore, James, W., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12006 N Guinevere Dr
 City Spokane State WA Zip Code 99218-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240978
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Haake, William, Richard, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2376 Douglas Drive
 City Eugene State OR Zip Code 97405-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240979
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Call, Kenneth, Scott, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3353 S Van Buren St
 City Kennewick State WA Zip Code 99338-8007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240980
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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|---|------------------------------|
| FOR LINE NUMBER: | PAGE 14 OF 94 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Brockman, Charles, E., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19449 Pond Meadow Ave
 City Bend State OR Zip Code 97702-2976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240981
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Young, Ashleigh, Lynne, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1755
 City Albany State OR Zip Code 97321-0492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Inc. Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 10 / 03 / 2024
Transaction ID : 89240984
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Young, Ashleigh, Lynne, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1755
 City Albany State OR Zip Code 97321-0492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Inc. Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89240986
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1625.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Weideman, Brian, Carlton, Dr,

Mailing Address 2301 W Ellis Ave

City Boise State ID Zip Code 83702-3245

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : 89240987

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Dresch, Julie, Ann, Ms,

Mailing Address 5308 Woodlawn Ave N

City Seattle State WA Zip Code 98103-6156

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : 89240988

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Gilbert, Brian, A., Mr,

Mailing Address 2238 Tradition Dr Ne

City Grand Rapids State MI Zip Code 49505-3985

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) The Center for Physical Rehab. Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : 89240989

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Borquist, Sarah, True, Ms,

Mailing Address 16289 SW Willow Dr

City Sherwood State OR Zip Code 97140-6243

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2024

Transaction ID : **89240990**

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WOOD, EMILY, Kay, Dr,

Mailing Address 4039 Monte Vista Dr

City Medford State OR Zip Code 97504-9679

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2024

Transaction ID : **89240998**

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jones, Zachary, Rees, ,

Mailing Address 4690 Sw Washington Ave

City Beaverton State OR Zip Code 97005-0530

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

Name of Employer (for Individual) Therapeutic Associates - Beaverton Phy Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2024

Transaction ID : **89240999**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 94 |
| <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-PAC)

A. Tanous, Amy, Shepro, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6275 Sw Wilson Ave
 City Beaverton State OR Zip Code 97008-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241006
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Peckenpough, John, E., Mr, Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8209 144th Dr SE
 City Snohomish State WA Zip Code 98290-9079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241008
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Borter, Darin, Scott, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16929 SW Arbutus Dr
 City Beaverton State OR Zip Code 97007-6277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241009
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1100.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Kearsley, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7020 N Pierce Ave
 City Portland State OR Zip Code 97203-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241010
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Tostenrud, Jennifer, Lynn Russell, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7103 SW 10th Ave
 City Portland State OR Zip Code 97219-2123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241013
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Barnes, Robert, Marston, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 587 E Greencreek Ct
 City Eagle State ID Zip Code 83616-3875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Inc. Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241014
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
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| 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 19 OF 94 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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

A. Bauling, Zachary, Peterson, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6821 N Country Homes Blvd
Ste 102

City Spokane State WA Zip Code 99208-4373

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2024
Transaction ID : 89241016

Amount of Each Receipt this Period 250.00

Memo Item

B. DiFilippo, Anthony, Erminio, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32097 Teasel Ct

City Avon Lake State OH Zip Code 44012-2739

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

Name of Employer (for Individual) Rehab Professionals of Cleveland Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 05 / 2024
Transaction ID : 89241025

Amount of Each Receipt this Period 42.00

Memo Item

C. Jones, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2907 N. Warren Avenue

City Oklahoma City State OK Zip Code 73107-1060

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

Name of Employer (for Individual) Oklahoma City University Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2024
Transaction ID : 89241026

Amount of Each Receipt this Period 50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 342.00 |
| 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 20 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Clynch, Holly, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18220 Ginavale Ln
 City Eden Prairie State MN Zip Code 55346-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Catherine University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2024
Transaction ID : 89241027
 Amount of Each Receipt this Period 50.00
 Memo Item

B. John, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Liam Dr
 City Frisco State TX Zip Code 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Therapy Centers Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2024
Transaction ID : 89241044
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Jones, Emilie, Roma, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Lakeside Ave Apt 108
 City Seattle State WA Zip Code 98144-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UW Medicine Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2024
Transaction ID : 89241351
 Amount of Each Receipt this Period 25.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 160.00 |
| 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 OF 94
(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-PAC)

A. Sipe, Sean, Stanley, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3845 77th Ave. SE
 City Olympia State WA Zip Code 98501-9603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sipe Therapy Group Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 06 / 2024
Transaction ID : 89241756
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kaminski, Sabrina, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2826 Stauffer Dr
 City Beavercreek State OH Zip Code 45434-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kettering Health Network Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2024
Transaction ID : 89241992
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McMenamin, Peter, J., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 N Garland Ct Apt 3805
 City Chicago State IL Zip Code 60602-4836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwestern University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2024
Transaction ID : 89242550
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 94 |
| | <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-PAC)

A. Hurning, Kerri, Michele, Mrs.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 St Andrews Cir
 City Eldridge State IA Zip Code 52748-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rock Valley Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2024
Transaction ID : 89242552
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Seder, Bryan, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 S 4th St
 City Philadelphia State PA Zip Code 19106-4219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seder Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2024
Transaction ID : 89242553
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cummings, Bryan, Thomas, Mr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W10949 W Harmony Dr
 City Lodi State WI Zip Code 53555-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Life Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2024
Transaction ID : 89242554
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| 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 23 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DeStefano, Secili, Hurley, Dr,

Mailing Address 43217 Lindsay Marie

City Ashburn State VA Zip Code 20147-3111

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 08 / 2024
Transaction ID : 89242555

Amount of Each Receipt this Period 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ayres, Leslie, Diane, Miss,

Mailing Address 3837 Brookhaven Cir

City Fort Worth State TX Zip Code 76109-3333

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

Name of Employer (for Individual) University of North Texas Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2024
Transaction ID : 89242556

Amount of Each Receipt this Period 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Aikens, Andrew, R., Mr,

Mailing Address 1773 Star Batt Dr

City Rochester Hills State MI Zip Code 48309-3708

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

Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1189.00

Date of Receipt 10 / 08 / 2024
Transaction ID : 89242557

Amount of Each Receipt this Period 100.00

Memo Item

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 24 OF 94 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 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-PAC)

A. Hershberg, Judith, Dale, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Perkins St Unit B702
 City Boston State MA Zip Code 02130-4042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Boston Center for Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2024
Transaction ID : 89242558
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Schindler, Laura, Ann, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Advanced Physical Therapy Solution
 501 Executive PI
 City Fayetteville State NC Zip Code 28305-5390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Physical Therapy Solutions Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243388
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Bigelow, Charles, Richard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 N Oak Ridge Rd
 City Brandon State SD Zip Code 57005-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prairie Rehabilitation Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243391
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Benner, Edie, Knowlton, Dr,

Mailing Address 4900 Coldbrook Dr

City Mantua State OH Zip Code 44255-9244

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

Name of Employer (for Individual) Occupation (for Individual)
Advanced Rehabilitation & Health Speci PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89243392

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Stimac, Blaine, Daniel, ,

Mailing Address 79 Hills Lookout Ct.

City Whitefish State MT Zip Code 59937-7519

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

Name of Employer (for Individual) Occupation (for Individual)
Health & Rehab Solutions PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
10 / 10 / 2024
Transaction ID : 89243393

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Albanese, Christopher, Joseph, Mr,

Mailing Address 16 Maybrook Rd

City Campbell Hall State NY Zip Code 10916-2743

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

Name of Employer (for Individual) Occupation (for Individual)
Access Physical Therapy & Wellness PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 10 / 2024
Transaction ID : 89243395

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 94 |
| <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-PAC)

A. Donovan, Jennifer, Skye, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 N Dinwiddie St
 City Arlington State VA Zip Code 22207-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marymount University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243396
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Pfister, William, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4724 Old Stump Dr Nw
 City Gig Harbor State WA Zip Code 98332-8851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RET PT Group Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243398
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pennisi, Angela, Wilson, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Sherman Ave
 City Evanston State IL Zip Code 60202-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PhysioPartners Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243400
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Welk, Paul, J., ,

Mailing Address 2461 Alydar Dr

City Wexford State PA Zip Code 15090-7952

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

Name of Employer (for Individual) Tucker Law Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2024

Transaction ID : **89243402**

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gunn, Jeanine, Marie, Dr,

Mailing Address 6003 Hazelwood Ln Se

City Bellevue State WA Zip Code 98006-2615

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

Name of Employer (for Individual) Therapeutic Associates Inc. Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2024

Transaction ID : **89243404**

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Anderson, Mark, Allen, ,

Mailing Address 1621 E Matlock Ct

City Sandy State UT Zip Code 84093-6265

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

Name of Employer (for Individual) Mountain Land Rehabilitation, Inc. Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2024

Transaction ID : **89243406**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

2500.00

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 28 OF 94 |
| <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-PAC)

A. Fauchaux, Cristina, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Pointe Ave
 City Zachary State LA Zip Code 70791-7346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moreau Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243407
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brown, Terence, Carlisle, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 936 Walnut Rd
 City Frankfort State KY Zip Code 40601-8629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pro. Active Therapy Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243409
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Qualls, David, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 1st Ave
 City Sulphur State LA Zip Code 70663-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243410
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2050.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Reed, Deborah, A., ,

Mailing Address **9178 Cambridge Rd**

City **Tell City** State **IN** Zip Code **47586-8356**

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

Name of Employer (for Individual) **Advanced Rehabilitation Inc.** Occupation (for Individual) **PT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 10 / 2024

Transaction ID : 89243411

Amount of Each Receipt this Period
625.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Anderson, Robert, Oscar, Mr,

Mailing Address **4457 8 1/2 Street Ct**

City **East Moline** State **IL** Zip Code **61244-4182**

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

Name of Employer (for Individual) **Rock Valley Physical Therapy** Occupation (for Individual) **PT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 10 / 2024

Transaction ID : 89243412

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Flaherty, Kevin, Michael, Mr,

Mailing Address **62 Bumble Bee Cir**

City **Shrewsbury** State **MA** Zip Code **01545-3212**

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

Name of Employer (for Individual) **Flaherty Physical Therapy** Occupation (for Individual) **PT**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 10 / 2024

Transaction ID : 89243413

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1375.00**

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 30 OF 94 |
| | <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-PAC)

A. Alexander, Lori, Pratt, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 Traies Ct
 City Alexandria State VA Zip Code 22306-2564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Zone Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243415
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Norman, Eva, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10678 Versailles Blvd
 City Wellington State FL Zip Code 33449-8085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Live Your Life Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243417
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Key, Glenda, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 N Melrose Drive #106
 City Vista State CA Zip Code 92083-4979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Key Method Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243420
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1550.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 94 |
| | <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-PAC)

A. Blaske, Gregory, L., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 17th Ave
 City Bettendorf State IA Zip Code 52722-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rock Valley Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243421
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kelsick, Stephanie, Jane, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4825 NE 140th Ave
 City Elkhart State IA Zip Code 50073-9137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rock Valley Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243454
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Worth, Robert, Peter, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 E Canvasback Ln
 City Appleton State WI Zip Code 54913-8010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advance PT Services, LLC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89243893
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mackell, Lisa, M., Mrs.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 Golf Club Rd
 City Newtown Square State PA Zip Code 19073-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2024
Transaction ID : 89243945
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Lewis, William, Samuel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4811 119th Pl
 City Lubbock State TX Zip Code 79424-6179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Today Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2024
Transaction ID : 89244454
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Stoker, James, Price, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Carnoustie Dr
 City Easley State SC Zip Code 29642-3108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2024
Transaction ID : 89244455
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Connell, Catherine, Elizabeth, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Hollis Ln
 City Wilmington State NC Zip Code 28409-3612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wilmington Physical Therapy PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2024
Transaction ID : 89244456
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Reed, Kelly, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10738 Nw Old Cornelius Pass Rd
 City Portland State OR Zip Code 97231-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Therapeutic Associates Inc. PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2024
Transaction ID : 89244457
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Foster, Jeremy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Country Lane
 City Holcomb State MS Zip Code 38940-9728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 North Sunflower Medical Center PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2024
Transaction ID : 89244459
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 94 |
| | <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-PAC)

A. Schoos, Alice, G., Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6837 Ripley Ln SE
 City Renton State WA Zip Code 98056-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peek Sports and Spine Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244460
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Schoos, Gilbert, A., Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6837 Ripley Ln SE
 City Renton State WA Zip Code 98056-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244462
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Brown, Lynda, D., Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 35th Street
 City Cody State WY Zip Code 82414-8487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advantage Rehab Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244464
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Sanders, Kelly, Marie, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8090 Cristobal Ave
 City Atascadero State CA Zip Code 93422-5164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Movement for Life Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244465
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sanders, Jason, Scott, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8090 Cristobal Avenue
 City Atascadero State CA Zip Code 93422-5164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Movement for Life Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244466
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Olson, Kristian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1749 Venus Ave
 City Arden Hills State MN Zip Code 55112-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MotionCare Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244469
 Amount of Each Receipt this Period 500.00
 Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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| FOR LINE NUMBER: | PAGE 36 OF 94 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Johnson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 W Minnehaha Pkwy
 City Minneapolis State MN Zip Code 55419-1221
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Therapy Partners Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244470
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Netzinger, Mark, Anthony, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8280 122nd St N
 City Hugo State MN Zip Code 55038-8439
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) PT Consultants Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244472
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Herr, Roger, Allan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 446 Kent Ave 4E
 City Brooklyn State NY Zip Code 11249-5917
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) VNSNY Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244473
 Amount of Each Receipt this Period 5000.00
 Memo Item

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| SUBTOTAL of Receipts This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 94 |
| | <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-PAC)

A. Serra, Kimberly, Marie, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 735 Willett Ave Unit 502
 City Riverside State RI Zip Code 02915-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Serra Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89244532
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Withers, Alan, Lee, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 Court St Ste 101
 City West Branch State MI Zip Code 48661-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinnacle Rehabilitation & Personal Tra Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244585
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Tice, Brett, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 532127
 City Harlingen State TX Zip Code 78553-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Back to Action Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244589
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 1550.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 38 OF 94 |
| <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-PAC)

A. Callaway, Greydon, Blair, Mr,
 Mailing Address 5841 Oram St # 1
 City Dallas State TX Zip Code 75206-7229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3D Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244594
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ellis, Julie, A., Ms,
 Mailing Address 3228 Highlawn Dr
 City Twin Falls State ID Zip Code 83301-8417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Physical Rehabilitation Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244600
 Amount of Each Receipt this Period 625.00
 Memo Item

C. Gawenda, Rick, Anthony, Mr,
 Mailing Address Post Office Box 971862
 City Ypsilanti State MI Zip Code 48197-0224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gawenda Seminars & Consulting Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244601
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 1225.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Hartz, Brian, D., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 Riveredge Drive
 City Leola State PA Zip Code 17540-9738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartz Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244605
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Lyons, Staci, Kaye, Mrs.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28855 237th PI Se
 City Black Diamond State WA Zip Code 98010-9404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinnacle Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244610
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Collie, Michelle, E., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 184 Upton Ave
 City Providence State RI Zip Code 02906-5748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Performance Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244612
 Amount of Each Receipt this Period 1000.00
 Memo Item

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| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 94 |
| | <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-PAC)

A. Zumbro, Michelle, DuPree, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Forest Hills Dr
 City Wilmington State NC Zip Code 28403-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bodies in Balance Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244620
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Moffat, Marilyn, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Ludlam Ln
 City Locust Valley State NY Zip Code 11560-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89244679
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. White, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 Rock Bass Way
 City Soddy Daisy State TN Zip Code 37379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89244698
 Amount of Each Receipt this Period 50.00
 Memo Item

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| SUBTOTAL of Receipts This Page (optional).....▶ | 3050.00 |
| 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 41 OF 94 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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

A. Richardson, Michael, Powell, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Two Creek Dr
 City Lynchburg State VA Zip Code 24502-5140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rehab Associates of Central Virginia PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 10 / 15 / 2024
Transaction ID : 89244699
 Amount of Each Receipt this Period
 830.00
 Memo Item

B. Bailey, Joshua, Allen, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1197 Carnegie Pl
 City Forest State VA Zip Code 24551-2762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rehab Associates of Central Virginia PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 10 / 15 / 2024
Transaction ID : 89244700
 Amount of Each Receipt this Period
 830.00
 Memo Item

C. Spagnolo, Joseph, William, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1228 Mill Dam Ln
 City Forest State VA Zip Code 24551-2490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rehab Associates of Central Virginia PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 10 / 15 / 2024
Transaction ID : 89244701
 Amount of Each Receipt this Period
 830.00
 Memo Item

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| SUBTOTAL of Receipts This Page (optional).....▶ | 2490.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 94 |
| | <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-PAC)

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hunt, Harrison, Fleming, Dr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024 Transaction ID : 89244702 | | |
| Mailing Address 1126 Richie Farm Ln | | | Amount of Each Receipt this Period 830.00 | | |
| City Big Island | State VA | Zip Code 24526-3244 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer (for Individual) Rehab Associates of Central Virginia | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 830.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tatom, Andrew, J., Dr, III | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024 Transaction ID : 89244703 | | |
| Mailing Address 2012 Oak Park Pl | | | Amount of Each Receipt this Period 830.00 | | |
| City Lynchburg | State VA | Zip Code 24503-1857 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer (for Individual) Rehab Associates of Central Virginia | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 830.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Glover, Robin, Walker, Dr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024 Transaction ID : 89244705 | | |
| Mailing Address 293 Wildwood Rd | | | Amount of Each Receipt this Period 250.00 | | |
| City Appomattox | State VA | Zip Code 24522-3572 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer (for Individual) Rehabilitation Assoc. of Central VA | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 250.00 | | | |

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| SUBTOTAL of Receipts This Page (optional)..... | 1910.00 |
| 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 43 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Beuerle Martin, Catherine, Anne, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Meadowbrook Ln
 City Rustburg State VA Zip Code 24588-4094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rehabilitation Assoc. of Central VA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89244706
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Marko, Theresa, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 Beach 69th St Apt 6D
 City Arverne State NY Zip Code 11692-1377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marko Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 789.25

Date of Receipt 10 / 09 / 2024
Transaction ID : 89248279
 Amount of Each Receipt this Period 19.25
 Memo Item

C. Weyrauch, Stephanie, A., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4196 Bainbridge Circle
 City Billings State MT Zip Code 59106-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PTSMC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 09 / 2024
Transaction ID : 89248283
 Amount of Each Receipt this Period 500.00
 Memo Item

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| SUBTOTAL of Receipts This Page (optional).....▶ | 769.25 |
| 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 OF 94
(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-PAC)

A. Jannenga, Heidi, Doune, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2135 E Colter Street
 City Phoenix State AZ Zip Code 85016-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WebPT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2024
Transaction ID : 89248289
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Olson, James, Robert, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 Sunny Ln
 City Anoka State MN Zip Code 55303-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MotionCare Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89248294
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Crandall, Steven, Gary, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1838 E Rich Way
 City Salt Lake City State UT Zip Code 84121-4881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand & Orthopedic Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89248296
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

A. Falvey, Jason, Raymond, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S Fremont Ave
 City Baltimore State MD Zip Code 21230-2226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89248298
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Covington, Kyle, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1113 Kalworth Rd
 City Wake Forest State NC Zip Code 27587-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Univesity Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89248299
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Carlton, Thomas, J., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Rocky Ford Rd
 City Coolidge State GA Zip Code 31738-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Big Oak Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 12 / 2024
Transaction ID : 89248303
 Amount of Each Receipt this Period 85.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 235.00 |
| 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 46 OF 94 |
| <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-PAC)

A. Hennessy, Meghan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2650 N Burling St
 City Chicago State IL Zip Code 60614-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shirley Ryan Ability Lab Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt 10 / 12 / 2024
Transaction ID : 89248304
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Drumheller, Paul, Eric, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5317 S 282nd Way
 City Auburn State WA Zip Code 98001-1926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3Dimensional PT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2024
Transaction ID : 89248319
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Erickson, Peter, R., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Post Office Box 10
 City Kingsburg State CA Zip Code 93631-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Summit Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2024
Transaction ID : 89248320
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1292.00 |
| 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 47 OF 94 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Damon, David, M., Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3015

| | | |
|--------------------|-------------|------------------------|
| City Silverdale | State WA | Zip Code 98383-3015 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Kitsap Physical Therapy & Sports Clini | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
362.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 12 | | 2024 |

Transaction ID : 89248327

Amount of Each Receipt this Period
250.00

Memo Item

B. Black, Joe, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1532 Nathan Hills Cir

| | | |
|-------------------|-------------|------------------------|
| City Maryville | State TN | Zip Code 37801-8981 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Total Rehabilitation | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2024 |

Transaction ID : 89248331

Amount of Each Receipt this Period
50.00

Memo Item

C. Catalino, Tricia, Ann, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1821 Tropical Breeze Dr

| | | |
|-------------------|-------------|------------------------|
| City Las Vegas | State NV | Zip Code 89117-7231 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Hawaii Pacific University | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2024 |

Transaction ID : 89248332

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 94 |
| | <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-PAC)

A. Bandy, William, D., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 822 Cartier Lane

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72211-5509 |
|---------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) University of Central Arkansas | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2024

Transaction ID : 89248334

Amount of Each Receipt this Period
50.00

Memo Item

B. Zitterkopf, Gail, Heather, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4719 Waring

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77027-6219 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Memorial Hermann Pelvic Floor Health C | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2024

Transaction ID : 89248373

Amount of Each Receipt this Period
4700.00

Memo Item

C. Massumi, Cameron, John, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46558 Broadspear Terrace

| | | |
|------------------|-------------|------------------------|
| City Sterling | State VA | Zip Code 20165-6459 |
|------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Optimal Motion, LLC | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89248374

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4800.00 |
| 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 49 OF 94 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Hendrickson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10620 N PORT WASHINGTON RD STE 202
 City MEQUON State WI Zip Code 53092-5048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPORT Clinic Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89248375
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Picard, Kathleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2249 River Rd S
 City Lakeland State MN Zip Code 55043-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89248377
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Marko, Theresa, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 Beach 69th St Apt 6D
 City Arverne State NY Zip Code 11692-1377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marko Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 808.50

Date of Receipt 10 / 16 / 2024
Transaction ID : 89248384
 Amount of Each Receipt this Period 19.25
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 119.25 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 94 |
| | <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-PAC)

A. Rivard, Jim, Ronald, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1560 140th Ave Ne Ste 100

| | | |
|------------------|-------------|------------------------|
| City Bellevue | State WA | Zip Code 98005-4571 |
|------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) MTI Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
683.33

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2024 |

Transaction ID : 89248967

Amount of Each Receipt this Period
83.33

Memo Item

B. Rode, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114 Inland Greens Dr

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State NC | Zip Code 28405-3876 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) PT Solutions Physical Therapy | Occupation (for Individual) PT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2024 |

Transaction ID : 89248973

Amount of Each Receipt this Period
50.00

Memo Item

C. Elrod, Catherine, Schrader, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4782 Farndon Ct

| | | |
|-----------------|-------------|------------------------|
| City Fairfax | State VA | Zip Code 22032-1913 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Marymount University | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2024 |

Transaction ID : 89248974

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 183.33 |
| 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 51 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sayles, Erin, , Dr,

Mailing Address 11 Hatherly Street

City North Providence State RI Zip Code 02911-2222

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

Name of Employer (for Individual) Highbar Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89248975

Amount of Each Receipt this Period 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Simpson, Michael, S., Dr,

Mailing Address 972 Rutland Avenue

City Los Angeles State CA Zip Code 90042-1535

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

Name of Employer (for Individual) University of Southern California Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89248976

Amount of Each Receipt this Period 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Phillips, Seth, David Stark, Mr,

Mailing Address 640 Garnet Dr

City Kimberly State ID Zip Code 83341-1942

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

Name of Employer (for Individual) Center for Physical Rehabilitation Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89248977

Amount of Each Receipt this Period 50.00

Memo Item

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 52 OF 94 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Bishop, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10621 S. Dunmoor Drive
 City Silver Spring State MD Zip Code 20901-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 10 / 11 / 2024
Transaction ID : 89258817
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Chesbro, Steven, Bryce, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 839
 City St Michaels State MD Zip Code 21663-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 11 / 2024
Transaction ID : 89258818
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Elliott, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16431 Regatta Lane
 City Woodbridge State VA Zip Code 22191-6368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 445.96

Date of Receipt 10 / 11 / 2024
Transaction ID : 89258820
 Amount of Each Receipt this Period 20.84
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 83.68 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Elliott, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Kalorama Road, NW
Suite 214

City Washington State DC Zip Code 20009-3507

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

Name of Employer (for Individual) APTA Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.96

Date of Receipt 10 / 11 / 2024
Transaction ID : 89258821

Amount of Each Receipt this Period 20.84

Memo Item

B. Keen, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10153 Red Spruce Road

City Fairfax State VA Zip Code 22032-3620

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

Name of Employer (for Individual) APTA Occupation (for Individual) CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.96

Date of Receipt 10 / 11 / 2024
Transaction ID : 89258825

Amount of Each Receipt this Period 20.84

Memo Item

C. Manal, Tara, Jo, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 Apple Road

City Newark State DE Zip Code 19711-5118

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

Name of Employer (for Individual) University of Delaware Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 395.96

Date of Receipt 10 / 11 / 2024
Transaction ID : 89258826

Amount of Each Receipt this Period 20.84

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 62.52 |
| 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 54 OF 94 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Matlack, Michael, , ,

Mailing Address 3908 19th Street South

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State VA | Zip Code 22204-5114 |
|-------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) APTA | Occupation (for Individual) Lobbyist |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.96

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 11 | / | 2024 |

Transaction ID : 89258827

Amount of Each Receipt this Period
20.84

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Moore, Justin, D., ,

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 (for Individual) APTA | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 11 | / | 2024 |

Transaction ID : 89258828

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Pahmer, Allyson, , ,

Mailing Address 1111 N Fairfax St

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State VA | Zip Code 22314-1484 |
|--------------------|-------------|------------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer (for Individual) APTA | Occupation (for Individual) CMPT |
|---|-------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
395.96

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 11 | / | 2024 |

Transaction ID : 89258829

Amount of Each Receipt this Period
20.84

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 141.68 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 55 OF 94
(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-PAC)

A. Luedtke-Hoffmann, Kathleen, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2717 Shadow Ct
 City Arlington State TX Zip Code 76006-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Texas Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89258834
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cummings, Todd, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51699 Churchill Dr
 City Shelby Township State MI Zip Code 48316-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HQ Inc. Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258853
 Amount of Each Receipt this Period 28.00
 Memo Item

C. Martel, Julie, Marie, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36902 Lamphier St
 City Harrison Township State MI Zip Code 48045-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258854
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. White, Alexander, , ,

Mailing Address 1773 Star Batt Dr

City Rochester Hills State MI Zip Code 48309-3708

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

Name of Employer (for Individual) HQ INC Occupation (for Individual) PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258855

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Aikens, Andrew, R., Mr,

Mailing Address 1773 Star Batt Dr

City Rochester Hills State MI Zip Code 48309-3708

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

Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258856

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wang, Michael, Wei, ,

Mailing Address 2499 Mayfair Dr

City White Lake State MI Zip Code 48383-3941

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

Name of Employer (for Individual) Guardian Angel Outpatient Rehab Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258857

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Modafferi, Michelle, , ,

Mailing Address 1585 Hidden Valley Dr

City Milford State MI Zip Code 48380-3328

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

Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258858

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ames, Timothy, Joseph, Mr,

Mailing Address 53777 Regency Hills Ct

City Shelby Township State MI Zip Code 48316-2048

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258859

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Forfinski, Scott, M., ,

Mailing Address 1773 Star Batt Dr

City Rochester Hills State MI Zip Code 48309-3708

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

Name of Employer (for Individual) HealthQuest Physical Therapy & Medical Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258860

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 OF 94
(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-PAC)

A. Jianis, Emmanuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1809 Normandy Rd.
 City Royal Oak State MI Zip Code 48073-1968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258861
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Dziadzio, Kimberly, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6732 Haymarket
 City Shelby Township State MI Zip Code 48317-6323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258862
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Felstow, Donald, Walter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 Donna Mae
 City Leonard State MI Zip Code 48367-4293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258863
 Amount of Each Receipt this Period 28.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ingles, Spencer, , ,

Mailing Address 56912691 Wales Center Road

City Goodells State MI Zip Code 48027

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258864

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gerhardt, Christopher, , ,

Mailing Address 67904 LAKE ANGELA DR

City RICHMOND State MI Zip Code 48062-1687

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258865

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bannink, Daniel, Eric, ,

Mailing Address 199 RIDGEMONT RD

City OXFORD State MI Zip Code 48370-3041

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258866

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

92.00

**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 60 OF 94 |
| | <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-PAC)

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hall, Dana, L., , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024 | | |
| Mailing Address 5955 Chickadee Ln | | | Transaction ID : 89258867 | | |
| City Clarkston | State MI | Zip Code 48346-2912 | Amount of Each Receipt this Period 21.00 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Healthquest Physical Therapy | | Occupation (for Individual) PTA | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cochran, Chase, James, Mr, | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024 | | |
| Mailing Address 1905 Hidden Lake Trail | | | Transaction ID : 89258868 | | |
| City Ortonville | State MI | Zip Code 48462-9174 | Amount of Each Receipt this Period 21.00 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Healthquest Physical Therapy | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wallace, Brandon, W., , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024 | | |
| Mailing Address 460 Lange Dr Troy | | | Transaction ID : 89258870 | | |
| City Troy | State MI | Zip Code 48098-4671 | Amount of Each Receipt this Period 28.00 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Healthquest Physical Therapy | | Occupation (for Individual) PT | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 280.00 | | | |

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 70.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 61 OF 94 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 |

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

A. Trapiss, Jenna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8876 Nancy Ave
 City Utica State MI Zip Code 48317-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258871
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Ziegler, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21550 Harrington Ste D
 City Clinton Twp State MI Zip Code 48036-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CKS OF MT CLEMENS LLC Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258872
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Shamoun, Nicholas, Ryan, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7305 Village Park Dr
 City Clarkston State MI Zip Code 48346-1994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258874
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 63.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 OF 94
(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-PAC)

A. Sina, Klajdi, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41995 Scenic Ln
 City Northville State MI Zip Code 48167-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258875
 Amount of Each Receipt this Period 28.00
 Memo Item

B. Klimek, Kimberly, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HQPT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258876
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Schultz, Lynn, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14368 Jonathan Dr
 City Washington State MI Zip Code 48094-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258877
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 63 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Schultz, Douglas, Lee, ,

Mailing Address 14368 Jonathan Dr

City Washington State MI Zip Code 48094-3210

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258878

Amount of Each Receipt this Period 21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Rule, Nicole, Marie, ,

Mailing Address 56325 Cannon Creek Rd

City Utica State MI Zip Code 48316-5424

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258879

Amount of Each Receipt this Period 21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Cusumano, Dominic, Anthony, Dr, IV

Mailing Address 12475 Evline Dr

City Romeo State MI Zip Code 48065-4488

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

Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258880

Amount of Each Receipt this Period 24.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 64 OF 94 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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

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

A. Garr, Daniel, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy and Medic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258881
 Amount of Each Receipt this Period 26.00
 Memo Item

B. Peruski, Elizabeth, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5787 Pine Breeze Dr
 City Clarkston State MI Zip Code 48346-4089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258882
 Amount of Each Receipt this Period 28.00
 Memo Item

C. Jones, Brian, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11998 Appletree Dr
 City Plymouth State MI Zip Code 48170-3736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258884
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Rabaut, Steven, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Delanoy Ct
 City Rochester State MI Zip Code 48307-2267
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258885
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Hasler, Brent, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3176 S Vandecaw
 City Mount Pleasant State MI Zip Code 48858-9017
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258886
 Amount of Each Receipt this Period 26.00
 Memo Item

C. Altenburg, Michael, Reed, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6808 Oakhurst Ridge Rd
 City Clarkston State MI Zip Code 48348-5028
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HQ of Southfield Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258888
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 68.00 |
| 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 66 OF 94 |
| (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-PAC)

A. Bean, William, Bradley, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1216 Andover Dr

| | | |
|---------------|-------------|------------------------|
| City Wixom | State MI | Zip Code 48393-1598 |
|---------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258889

Amount of Each Receipt this Period
21.00

Memo Item

B. Vinson, Ryan, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43123 Pendleton Cir

| | | |
|--------------------------|-------------|------------------------|
| City Sterling Heights | State MI | Zip Code 48313-1979 |
|--------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258891

Amount of Each Receipt this Period
21.00

Memo Item

C. Kovalcik, Carter, John, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56620 Sunset Dr

| | | |
|-------------------------|-------------|------------------------|
| City Shelby Township | State MI | Zip Code 48316-5741 |
|-------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258892

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 67 OF 94 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Berryman, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51636 Deborah Circle
 City Chesterfield State MI Zip Code 48047-3058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258893
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Watts, Abigail, Leigh, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Capitol Drive
 City Marysville State MI Zip Code 48040-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258894
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Sosko, Kelsey, J., Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22431 Francis St
 City Saint Clair Shores State MI Zip Code 48082-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258896
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 63.00 |
| 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 68 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kast, Mark, William, Mr,

Mailing Address 4377 Carriage Hill Ct

City Rochester State MI Zip Code 48306-4672

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258898

Amount of Each Receipt this Period
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gharavi, Camron, , ,

Mailing Address 2320 Hamata St

City Ferndale State MI Zip Code 48220-1499

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258899

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Inoue, Anna, , ,

Mailing Address 2997 Edgewater Dr

City Waterford State MI Zip Code 48328-3673

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258900

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00

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 69 OF 94 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Lipka, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21271 31 Mile Road
 City Ray State MI Zip Code 48096-1325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258901
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Banas, Bradley, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2099 W Drahnner Rd
 City Oxford State MI Zip Code 48371-4481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258902
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Pizzimenti, Michael, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55138 Lordona Ln
 City Shelby Township State MI Zip Code 48315-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258905
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 70 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sanocki, Jaclyn, , ,

Mailing Address 503 Langley Blvd

| | | |
|-----------------|-------------|------------------------|
| City Clawson | State MI | Zip Code 48017-1332 |
|-----------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258906

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Pencak, Kathleen, , ,

Mailing Address 475 Franklin Lake Circle

| | | |
|----------------|-------------|------------------------|
| City Oxford | State MI | Zip Code 48371-6705 |
|----------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258907

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Schlipphak, Jonathan, Eldon, ,

Mailing Address 5398 Allison Drive
Troy

| | | |
|--------------|-------------|------------------------|
| City Troy | State MI | Zip Code 48085-3453 |
|--------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258908

Amount of Each Receipt this Period
24.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 66.00 |
| 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 71 OF 94 |
| (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-PAC)

A. Seeling, Mitchell, Reed, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3202 N Alexander Ave

| | | |
|-------------------|-------------|------------------------|
| City Royal Oak | State MI | Zip Code 48073-3552 |
|-------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2024 |

Transaction ID : 89258909

Amount of Each Receipt this Period
21.00

Memo Item

B. Rosensteel, Austin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4120 Warrington Drive

| | | |
|---------------|-------------|------------------------|
| City Wixom | State MI | Zip Code 48393-4406 |
|---------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2024 |

Transaction ID : 89258910

Amount of Each Receipt this Period
21.00

Memo Item

C. Suttles, Aaron, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2509 Lake Charnwood Dr

| | | |
|--------------|-------------|------------------------|
| City Troy | State MI | Zip Code 48098-2123 |
|--------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) HealthQuest Physical Therapy | Occupation (for Individual) PTA |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2024 |

Transaction ID : 89258911

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 72 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Fredrickson, Joel, Andrew, Mr,

Mailing Address 1157 Northover Dr

City Bloomfield Hills State MI Zip Code 48304-2036

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

Name of Employer (for Individual) Baptist Health Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258912

Amount of Each Receipt this Period
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gray, Logan, , ,

Mailing Address 1605 Haynes St

City Birmingham State MI Zip Code 48009-6820

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258913

Amount of Each Receipt this Period
24.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Gilhool, Brian, Steven, ,

Mailing Address 6844 Lancaster Lake Court Apt. 58

City Clarkston State MI Zip Code 48346-4428

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258914

Amount of Each Receipt this Period
26.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.00

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 73 OF 94
(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-PAC)

A. Maes, Alex, Andrew, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy and Medic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258915
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Morelli, Anthony, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy and Medic Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258916
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Done, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32308 Norwich Ct
 City Fraser State MI Zip Code 48026-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258917
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 74 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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-PAC)

A. Hall, Caitlin, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 Stamford Dr
 City West Bloomfield State MI Zip Code 48323-2664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258918
 Amount of Each Receipt this Period 26.00
 Memo Item

B. Lochirco, Francesco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1519 pondsider court
 City ROCHESTER State MI Zip Code 48307-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258919
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Pierce, Jamie, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9546 Westwood Cir
 City Clarkston State MI Zip Code 48348-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258920
 Amount of Each Receipt this Period 21.00
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 68.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 94
(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-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lukens, Steven, Charles, ,

Mailing Address 133 State St

City Oxford State MI Zip Code 48371-6319

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258921

Amount of Each Receipt this Period
22.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Carson, George, Purdy, ,

Mailing Address 3515 Timber Creek Ln

City Attica State MI Zip Code 48412-9223

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258922

Amount of Each Receipt this Period
28.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wolcott, Sheri, , ,

Mailing Address 8130 Rosebud Ln

City Clarkston State MI Zip Code 48348-3764

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

Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2024
Transaction ID : 89258923

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.00

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 76 OF 94 |
| | <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-PAC)

A. Brady, Derek, Patrick, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261

| | | |
|--------------------|-------------|-------------------|
| City Ortonville | State MI | Zip Code 48462 |
|--------------------|-------------|-------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258926

Amount of Each Receipt this Period
21.00

Memo Item

B. Davis, Julie, Marie, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52316 Belle Vernon

| | | |
|--------------------|-------------|------------------------|
| City Shelby Twp | State MI | Zip Code 48316-2919 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258927

Amount of Each Receipt this Period
21.00

Memo Item

C. Likins, Matthew, John, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22324 Francis St

| | | |
|----------------------------|-------------|------------------------|
| City Saint Clair Shores | State MI | Zip Code 48082-1565 |
|----------------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Healthquest Physical Therapy | Occupation (for Individual) PT |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2024

Transaction ID : 89258928

Amount of Each Receipt this Period
21.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 77 OF 94
(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-PAC)

A. Walters, David, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13464 Culver Dr
 City Shelby Township State MI Zip Code 48315-5371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258929
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Carroll, Carley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4453 Bethuy Rd
 City Casco State MI Zip Code 48064-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258930
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Bugni, Ryan, Taylor, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Sunset
 City White Lake State MI Zip Code 48383-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258932
 Amount of Each Receipt this Period 26.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.00
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 78 OF 94 |
| | <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-PAC)

A. Diehl, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22601 Corteville
 City Saint Clair Shores State MI Zip Code 48081-2562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258933
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Allen, Madeline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 E Lincoln Ave Apt 110
 City Royal Oak State MI Zip Code 48067-3741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89258934
 Amount of Each Receipt this Period 21.00
 Memo Item

C. McGinnis, Patricia, Quinn, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Harbor Beach Blvd Apt 4204
 City Brigantine State NJ Zip Code 08203-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stockton University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89262374
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 292.00 |
| 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 79 OF 94
(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-PAC)

A. Clouston, Kenneth, Louis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 Overdale Dr
 City Gillette State WY Zip Code 82718-7633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gillette Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89262378
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Abis, Susan, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Waterview Dr
 City Amherst State NH Zip Code 03031-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89262385
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Armantrout, Elaine, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 38th Avenue West
 City Seattle State WA Zip Code 98199-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2024
Transaction ID : 89268007
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 94 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Hemmerich, Eric, Todd, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 Deblene Ln
 City Eau Claire State WI Zip Code 54703-2599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2024
Transaction ID : 89268065
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Miller, Mary, Katherine, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2A Baldwin Place Apartment 3
 City Boston State MA Zip Code 02113-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 10 / 15 / 2024
Transaction ID : 89268090
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Myrianthis, Nicolas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 339 Alawaena St
 City Hilo State HI Zip Code 96720-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2024
Transaction ID : 89268092
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 591.67 |
| TOTAL This Period (last page this line number only)..... | 81183.63 |

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)

Form grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Julie Johnson For Congress

Mailing Address PO Box 802765

City Dallas State TX Zip Code 75380

Purpose of Disbursement

Category/Type: 011

Candidate Name

Johnson, Julie, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: TX District: 32

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00843003

Transaction ID : 89215725

Amount of Each Disbursement this Period

2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Josh Harder For Congress

Mailing Address PO Box 4220

City Manteca State CA Zip Code 95337

Purpose of Disbursement

Category/Type: 011

Candidate Name

Harder, Josh, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: CA District: 09

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00639146

Transaction ID : 89215726

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Sheri Biggs For Congress

Mailing Address PO Box 2685

City Anderson State SC Zip Code 29622

Purpose of Disbursement

Category/Type: 011

Candidate Name

Biggs, Sheri, , Ms.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: SC District: 03

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00866426

Transaction ID : 89215727

Amount of Each Disbursement this Period

2000.00

[] Memo Item

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

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

6500.00

Empty form box for total

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hern For Congress

Date of Disbursement

Date selection grid: 10 / 08 / 2024

Mailing Address 9521-B Riverside Pkwy #350

City Tulsa State OK Zip Code 74137

FEC Identification Number

C00636092

Transaction ID : 89215728

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/Type

Candidate Name

Hern, Kevin, , Rep.,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary, General [checked], Other

State: OK District: 01

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Date of Disbursement

Date selection grid: 10 / 08 / 2024

Mailing Address 600 Pennsylvania Ave Se #15180

City Washington State DC Zip Code 20003

FEC Identification Number

C00264697

Transaction ID : 89215729

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011

Category/Type

Candidate Name

Brown, Sherrod, , ,

Office Sought: House, Senate [checked], President

Disbursement For: 2024 Primary, General [checked], Other

State: OH District:

Full Name (Last, First, Middle Initial)

C. Rosen For Nevada

Date of Disbursement

Date selection grid: 10 / 08 / 2024

Mailing Address PO Box 46110

City Las Vegas State NV Zip Code 89114

FEC Identification Number

C00606939

Transaction ID : 89215730

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011

Category/Type

Candidate Name

Rosen, Jacky, , Sen.,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary, General [checked], Other

State: NV District: 02

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

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

8500.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bob Casey For Senate Inc

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

FEC Identification Number

FEC Identification Number: C00431056

Purpose of Disbursement

Category/Type: 011

Transaction ID : 89215731

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

Candidate Name

Casey, Bob, , Sen.,

Office Sought: Senate (checked)

Disbursement For: 2024 General (checked)

Memo Item

Full Name (Last, First, Middle Initial)

B. Cramer For Senate

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

FEC Identification Number

FEC Identification Number: C00504704

Purpose of Disbursement

Category/Type: 011

Transaction ID : 89215732

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Candidate Name

Cramer, Kevin, ,

Office Sought: Senate (checked)

Disbursement For: 2024 General (checked)

Memo Item

Full Name (Last, First, Middle Initial)

C. Amish For Arizona

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

Mailing Address 5550 N 16th St

City Phoenix State AZ Zip Code 85016

FEC Identification Number

FEC Identification Number: C00836502

Purpose of Disbursement

Category/Type: 011

Transaction ID : 89215733

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Candidate Name

Shah, Amish, , Rep.,

Office Sought: House (checked)

Disbursement For: 2024 General (checked)

Memo Item

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

SUBTOTAL: 6500.00

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

TOTAL: 6500.00

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Engel For Arizona

Mailing Address PO Box 40721

City Tucson

State AZ

Zip Code 85717

Purpose of Disbursement

011

Candidate Name

Engel, Kirsten, , ,

Office Sought: [X] House, [] Senate, [] President. State: AZ, District: 06

Disbursement For: 2024. [] Primary, [X] General, [] Other (specify)

Date of Disbursement

Date grid: 10 / 08 / 2024

FEC Identification Number

C00773820

Transaction ID : 89215734

Amount of Each Disbursement this Period

Amount grid: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Miller-Meeks For Congress

Mailing Address PO Box 33

City Ottumwa

State IA

Zip Code 52501

Purpose of Disbursement

011

Candidate Name

Miller-Meeks, Mariannette, , Rep., MD

Office Sought: [X] House, [] Senate, [] President. State: IA, District: 01

Disbursement For: 2024. [] Primary, [X] General, [] Other (specify)

Date of Disbursement

Date grid: 10 / 08 / 2024

FEC Identification Number

C00558825

Transaction ID : 89215735

Amount of Each Disbursement this Period

Amount grid: 3000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Iowans For Zach Nunn

Mailing Address PO Box 11

City Bondurant

State IA

Zip Code 50035

Purpose of Disbursement

011

Candidate Name

Nunn, Zach, , Rep.,

Office Sought: [X] House, [] Senate, [] President. State: IA, District: 03

Disbursement For: 2024. [] Primary, [X] General, [] Other (specify)

Date of Disbursement

Date grid: 10 / 08 / 2024

FEC Identification Number

C00784389

Transaction ID : 89215736

Amount of Each Disbursement this Period

Amount grid: 2000.00

[] Memo Item

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

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

Amount grid: 7500.00

Amount grid: (blank)

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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-PAC)

Full Name (Last, First, Middle Initial)

A. Kean For Congress Inc

Date of Disbursement

Date field: MM/DD/YYYY = 10/08/2024

Mailing Address PO Box 999

City Edison State NJ Zip Code 08818

FEC Identification Number

FEC ID field: C00703058

Transaction ID : 89215737

Amount of Each Disbursement this Period

Amount field: 1000.00

Memo Item

Purpose of Disbursement

Category/Type field: 011

Candidate Name

Kean, Tom, , Rep., Jr.

Office Sought: House, Senate, President. State: NJ District: 07

Disbursement For: 2024. Primary, General, Other (specify)

Full Name (Last, First, Middle Initial)

B. Lawler For Congress, Inc.

Date of Disbursement

Date field: MM/DD/YYYY = 10/08/2024

Mailing Address PO Box 87

City South Salem State NY Zip Code 10590

FEC Identification Number

FEC ID field: C00815415

Transaction ID : 89215738

Amount of Each Disbursement this Period

Amount field: 2500.00

Memo Item

Purpose of Disbursement

Category/Type field: 011

Candidate Name

Lawler, Mike, , Rep.,

Office Sought: House, Senate, President. State: NY District: 17

Disbursement For: 2024. Primary, General, Other (specify)

Full Name (Last, First, Middle Initial)

C. Adam Gray For Congress

Date of Disbursement

Date field: MM/DD/YYYY = 10/08/2024

Mailing Address 400 Capitol Mall, Suite 1545

City Sacramento State CA Zip Code 95814

FEC Identification Number

FEC ID field: C00801431

Transaction ID : 89215739

Amount of Each Disbursement this Period

Amount field: 2000.00

Memo Item

Purpose of Disbursement

Category/Type field: 011

Candidate Name

Gray, Adam, ,

Office Sought: House, Senate, President. State: CA District: 13

Disbursement For: 2024. Primary, General, Other (specify)

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

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

Subtotal field: 5500.00

Total field: (empty)

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"/> 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-PAC)

Full Name (Last, First, Middle Initial)

A. Yassamin Ansari For Congress

Mailing Address P.O. Box 13524

City
Phoenix

State
AZ

Zip Code
85002

Purpose of Disbursement

011

Candidate Name

Ansari, Yassamin, , Ms.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: AZ District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 08 | | | 2024 | | | |

FEC Identification Number

C C00836767

Transaction ID : 89215741

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Titus For Congress

Mailing Address PO Box 72454

City
Las Vegas

State
NV

Zip Code
89170

Purpose of Disbursement

011

Candidate Name

Titus, Dina, , Rep., Dr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 08 | | | 2024 | | | |

FEC Identification Number

C C00499467

Transaction ID : 89215742

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nevadans For Steven Horsford

Mailing Address PO Box 336664

City
North Las Vegas

State
NV

Zip Code
89033

Purpose of Disbursement

011

Candidate Name

Horsford, Steven, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 08 | | | 2024 | | | |

FEC Identification Number

C C00668228

Transaction ID : 89215744

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chris Pappas For Congress

Mailing Address PO Box 313

City Manchester State NH Zip Code 03105

Purpose of Disbursement

Category/Type: 011

Candidate Name Pappas, Chris, , ,

Office Sought: [X] House [] Senate [] President State: NH District: 01

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00660464

Transaction ID : 89215745

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Lalota For Congress

Mailing Address PO Box 5744

City Hauppauge State NY Zip Code 11788

Purpose of Disbursement

Category/Type: 011

Candidate Name LaLota, Nick, , Rep.,

Office Sought: [X] House [] Senate [] President State: NY District: 01

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00806018

Transaction ID : 89215746

Amount of Each Disbursement this Period

2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Caraveo For Congress

Mailing Address PO Box 953

City Eastlake State CO Zip Code 80614

Purpose of Disbursement

Category/Type: 011

Candidate Name Caraveo, Yadira, , ,

Office Sought: [X] House [] Senate [] President State: CO District: 08

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00787788

Transaction ID : 89215747

Amount of Each Disbursement this Period

2500.00

[] Memo Item

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

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

5500.00

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hertel For Michigan

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

Mailing Address PO Box 16037

City Lansing State MI Zip Code 48901

FEC Identification Number

C00844480

Transaction ID : 89215749

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011 Category/Type

Candidate Name

Hertel, Curtis, , Sen., Jr.

Office Sought: House Senate President State: MI District: 07

Disbursement For: 2024 Primary General Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

B. Gabe Vasquez For Congress

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

Mailing Address Drawer L

City Mesilla State NM Zip Code 88046

FEC Identification Number

C00789404

Transaction ID : 89215750

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011 Category/Type

Candidate Name

Vasquez, Gabe, , Rep.,

Office Sought: House Senate President State: NM District: 02

Disbursement For: 2024 Primary General Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Wild For Congress

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

Mailing Address 1636 N Cedar Crest Blvd #183

City Allentown State PA Zip Code 18104

FEC Identification Number

C00658567

Transaction ID : 89215752

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

011 Category/Type

Candidate Name

Wild, Susan, , Rep.,

Office Sought: House Senate President State: PA District: 07

Disbursement For: 2024 Primary General Other (specify)

Memo Item

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

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

9000.00

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)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cartwright For Congress

Mailing Address PO Box 414

City Scranton

State PA

Zip Code 18501

Purpose of Disbursement

011

Candidate Name

Cartwright, Matt, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: PA District: 08

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

FEC Identification Number

C00509968

Transaction ID : 89215753

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Angie Craig For Congress

Mailing Address P.O. Box 22116

City Eagan

State MN

Zip Code 55122

Purpose of Disbursement

011

Candidate Name

Craig, Angie, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: MN District: 02

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

FEC Identification Number

C00575209

Transaction ID : 89215755

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Susie Lee For Congress

Mailing Address 5130 S Fort Apache Rd Ste 215-382

City Las Vegas

State NV

Zip Code 89148

Purpose of Disbursement

011

Candidate Name

Lee, Susie, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: NV District: 03

Date of Disbursement

Date of Disbursement: 10 / 08 / 2024

FEC Identification Number

C00655613

Transaction ID : 89215806

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

[] Memo Item

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

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

SUBTOTAL: 5500.00

TOTAL: 5500.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pat Ryan For Congress

Mailing Address PO Box 2113

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Category/Type: 011

Candidate Name

Ryan, Pat, , Rep.,

Office Sought: [X] House [] Senate [] President
State: NY District: 18

Disbursement For: 2024
[] Primary [X] General [] Other (specify)

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00815290

Transaction ID : 89215807

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Kaptur For Congress

Mailing Address 545 E Town St

City Coumbus State OH Zip Code 43215

Purpose of Disbursement

Category/Type: 011

Candidate Name

Kaptur, Marcy, , Rep.,

Office Sought: [X] House [] Senate [] President
State: OH District: 09

Disbursement For: 2024
[] Primary [X] General [] Other (specify)

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00154625

Transaction ID : 89215808

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Darren Soto For Congress

Mailing Address PO Box 421349

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement

Category/Type: 011

Candidate Name

Soto, Darren, ,

Office Sought: [X] House [] Senate [] President
State: FL District: 09

Disbursement For: 2024
[] Primary [X] General [] Other (specify)

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00581074

Transaction ID : 89215810

Amount of Each Disbursement this Period

2500.00

[] Memo Item

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

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

7500.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Eric Sorensen For Illinois

Mailing Address PO Box 1172

City Moline State IL Zip Code 61265

Purpose of Disbursement

Category/Type: 011

Candidate Name Sorensen, Eric, , Rep.,

Office Sought: [X] House [] Senate [] President State: IL District: 17

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00793935

Transaction ID : 89215812

Amount of Each Disbursement this Period

2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Sharice For Congress

Mailing Address 13851 W. 63rd St. Num 303

City Shawnee State KS Zip Code 66216

Purpose of Disbursement

Category/Type: 011

Candidate Name Davids, Sharice, , Rep.,

Office Sought: [X] House [] Senate [] President State: KS District: 03

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00670034

Transaction ID : 89215863

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement

Category/Type: 011

Candidate Name Bost, Mike, , Rep.,

Office Sought: [X] House [] Senate [] President State: IL District: 12

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00546499

Transaction ID : 89215865

Amount of Each Disbursement this Period

3000.00

[] Memo Item

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

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

7500.00

[]

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

Category/Type: 011

Candidate Name

Kelly, Mike, , Rep., Jr.

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: PA District: 16

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00474189

Transaction ID : 89215973

Amount of Each Disbursement this Period

2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

Category/Type: 011

Candidate Name

Griffith, Morgan, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: VA District: 09

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00477240

Transaction ID : 89215975

Amount of Each Disbursement this Period

3000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Category/Type: 011

Candidate Name

Joyce, John, , Rep., Dr.

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: PA District: 13

Date of Disbursement

Date: 10 / 08 / 2024

FEC Identification Number

C00674259

Transaction ID : 89215976

Amount of Each Disbursement this Period

3000.00

[] Memo Item

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

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

8000.00

[]

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

Date field showing 10 / 08 / 2024

Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

FEC Identification Number

FEC ID field showing C00461822

Transaction ID : 89215977

Amount of Each Disbursement this Period

Amount field showing 2000.00

Purpose of Disbursement

Category/Type field showing 011

Candidate Name

Fleischmann, Charles, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify)

State: TN District: 03

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Bergmanforcongress

Date of Disbursement

Date field showing 10 / 08 / 2024

Mailing Address 3585 Bunker Hill Rd, #434

City Acme State MI Zip Code 49610

FEC Identification Number

FEC ID field showing C00614214

Transaction ID : 89215978

Amount of Each Disbursement this Period

Amount field showing 2000.00

Purpose of Disbursement

Category/Type field showing 011

Candidate Name

Bergman, Jack, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify)

State: MI District: 01

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Aderholt For Congress

Date of Disbursement

Date field showing 10 / 08 / 2024

Mailing Address P. O. Box 1158

City Haleyville State AL Zip Code 35565

FEC Identification Number

FEC ID field showing C00313247

Transaction ID : 89216029

Amount of Each Disbursement this Period

Amount field showing 2000.00

Purpose of Disbursement

Category/Type field showing 011

Candidate Name

Aderholt, Robert, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify)

State: AL District: 04

[] Memo Item

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

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

Subtotal field showing 6000.00

Total field showing 6000.00

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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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-PAC)

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Tom, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: OK

District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 08 | | | 2024 | | | |

FEC Identification Number

C C00379735

Transaction ID : 89216030

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

91000.00