

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00012880 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer Mr Justin Moore [Electronically Filed] Date 03 / 20 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		549825.80
(b) Cash on Hand at Beginning of Reporting Period.....	523098.10	
(c) Total Receipts (from Line 19)	56173.01	94445.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	579271.11	644271.11
7. Total Disbursements (from Line 31).....	69530.00	134530.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	509741.11	509741.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27009.33	41947.66
(ii) Unitemized	27602.20	50870.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	54611.53	92818.09
(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)	54611.53	92818.09
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.....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	61.48	127.22
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))..... ▶	56173.01	94445.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56173.01	94445.31

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.....	68500.00	133500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	30.00	30.00
(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)).....	30.00	30.00
29. Other Disbursements	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	69530.00	134530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69530.00	134530.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	54611.53	92818.09
34. Total Contribution Refunds (from Line 28(d))	30.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54581.53	92788.09
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Jay M. Goodfarb
Full Name (Last, First, Middle Initial)

Mailing Address 110 E San Miguel Ave

City Phoenix State AZ Zip Code 85012-1339

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

Name of Employer Corizona Services International Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 43972432

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 415 Gatcombe Ln

City Bryn Mawr State PA Zip Code 19010-3629

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

Name of Employer Temple University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012
Transaction ID : 44010800

Amount of Each Receipt this Period
 1000.00

C. Ms Jill Michele Tomasello
Full Name (Last, First, Middle Initial)

Mailing Address 34 Lake Dr

City Darien State CT Zip Code 06820-3121

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

Name of Employer Advanced PT Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 44015911

Amount of Each Receipt this Period
 1000.00

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: PAGE 7 OF 42
(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. Mr Paul D. Gaspar
 Full Name (Last, First, Middle Initial)
 Mailing Address 748 Lynwood Dr
 City Encinitas State CA Zip Code 92024-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gaspar Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 44018274
 Amount of Each Receipt this Period 500.00

B. Belinda Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1192
 321 W. Bruce St., Ste. B
 City Seymour State IN Zip Code 47274-3792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 44018275
 Amount of Each Receipt this Period 250.00

C. Maria Salonia
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 Montauk Hwy
 City Copiague State NY Zip Code 11726-4904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Bay Sports & Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 44018293
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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. Janice D. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 California St Apt 407
 City State Zip Code
 Denver CO 80202-4275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 44018294
 Amount of Each Receipt this Period
 250.00

B. Drew G. Bossen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4191 Westcott Dr Ne
 City State Zip Code
 Iowa City IA 52240-7788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Progressive Rehab Associates PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 44018308
 Amount of Each Receipt this Period
 150.00

C. Paul A. Rockar Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3911 Murry Highlands Cir
 City State Zip Code
 Murrysville PA 15668-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UPMC 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
 02 / 09 / 2012
Transaction ID : 44024086
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	2900.00
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 42
	<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. Dr Stanley Paris
Full Name (Last, First, Middle Initial)

Mailing Address 19 Dolphin Dr

City Saint Augustine State FL Zip Code 32080-4530

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

Name of Employer St. Augustine University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : 44169285

Amount of Each Receipt this Period
 500.00

B. Michael P. Herbert
Full Name (Last, First, Middle Initial)

Mailing Address 394 Sycamore St

City Tiffin State OH Zip Code 44883-3252

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

Name of Employer PT Services Rehabilitation Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : 44169286

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1038 Von Trina Dr

City Elberton State GA Zip Code 30635-4567

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : 44169289

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 42
	(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. Ms Deirdre Daley
Full Name (Last, First, Middle Initial)

Mailing Address 63 Old Beaver Rd

City New Ipswich State NH Zip Code 03071-4009

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

Name of Employer Workwell Systems Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : 44169738

Amount of Each Receipt this Period
 500.00

B. Louise D. Yurko
Full Name (Last, First, Middle Initial)

Mailing Address 123 Buena Vista Dr

City Newport State NC Zip Code 28570-8119

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

Name of Employer Carteret Physical Therapy Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : 44173951

Amount of Each Receipt this Period
 250.00

C. Jake Jakubiak Kovacek
Full Name (Last, First, Middle Initial)

Mailing Address 20225 Danbury Ln

City Harper Woods State MI Zip Code 48225-1156

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

Name of Employer In Home Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : 44173975

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 42
(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. Ms Marcia H. Stalvey
Full Name (Last, First, Middle Initial)
Mailing Address 1234 Windward Ln
City Kent State OH Zip Code 44240-1895
FEC ID number of contributing federal political committee. **C**
Name of Employer Edwin Shaw Rehab Institute Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2012
Transaction ID : 44174012
Amount of Each Receipt this Period 250.00

B. Dr Lynn M. Jeffries
Full Name (Last, First, Middle Initial)
Mailing Address 16905 Valley Crest
City Edmond State OK Zip Code 73012-6730
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ. of Oklahoma Health Science Ctr Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 14 / 2012
Transaction ID : 44174091
Amount of Each Receipt this Period 500.00

C. Jerry Arthur Smith
Full Name (Last, First, Middle Initial)
Mailing Address 8534 Brittany Ct N
City Indianapolis State IN Zip Code 46236-9015
FEC ID number of contributing federal political committee. **C**
Name of Employer Clarian Hospital Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2012
Transaction ID : 44182808
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<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. Mr James T. Mills
Full Name (Last, First, Middle Initial)

Mailing Address 809 Philadelphia Ave

City Silver Spring State MD Zip Code 20910-4935

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 15 / 2012
Transaction ID : 44183645

Amount of Each Receipt this Period
250.00

B. Barney Poole
Full Name (Last, First, Middle Initial)

Mailing Address 917 Eagles Landing Pkwy

City Stockbridge State GA Zip Code 30281-5011

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 15 / 2012
Transaction ID : 44183663

Amount of Each Receipt this Period
250.00

C. Ms Beth Whitehead
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 37 1711 Coolege Ave

City Jackson State AL Zip Code 36545-0037

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

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 15 / 2012
Transaction ID : 44183692

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<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)

Full Name (Last, First, Middle Initial) A. Jerry Klug		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : 44183696
Mailing Address 1475 1st Ave Sw		Amount of Each Receipt this Period 208.33
City Jacksonville	State AL	Zip Code 36265-3337
FEC ID number of contributing federal political committee.	C	
Name of Employer AL Physical Rehab Service	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

Full Name (Last, First, Middle Initial) B. Jerry Craig Durham		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : 44183732
Mailing Address 6957 Saroni Dr		Amount of Each Receipt this Period 200.00
City Oakland	State CA	Zip Code 94611-1416
FEC ID number of contributing federal political committee.	C	
Name of Employer San Francisco Physical Therapy	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Steven Cassabaum		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : 44183735
Mailing Address 62944 Sunset Dr		Amount of Each Receipt this Period 250.00
City Nevada	State IA	Zip Code 50201-7947
FEC ID number of contributing federal political committee.	C	
Name of Employer 21st Century Rehab	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	658.33
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 15 OF 42
(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. Ms Sheree Chapman York
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Delcris Ct
 City Birmingham State AL Zip Code 35226-1978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHSYS Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt 02 / 16 / 2012
Transaction ID : 44196460
 Amount of Each Receipt this Period 1.00

B. Mr Joseph Victor Libera
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 S Williamson Ave
 City Elon State NC Zip Code 27244-9252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMEPISYS Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2012
Transaction ID : 44206267
 Amount of Each Receipt this Period 250.00

C. Mrs Carol-Jo Tichenor
 Full Name (Last, First, Middle Initial)
 Mailing Address 11478 Cull Canyon Rd
 City Castro Valley State CA Zip Code 94552-9525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2012
Transaction ID : 44230873
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<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. Mr William Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 14175 W Indian School Rd # B4190
 City Goodyear State AZ Zip Code 85395-8407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amedisys Occupation 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
 02 / 11 / 2012
Transaction ID : 44230876
 Amount of Each Receipt this Period
 250.00

B. Christine Chase
 Full Name (Last, First, Middle Initial)
 Mailing Address 7754 Mulberry Ln
 City Naples State FL Zip Code 34114-9443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Naples Community Healthcare System Occupation 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
 02 / 10 / 2012
Transaction ID : 44230887
 Amount of Each Receipt this Period
 500.00

C. Mr Steven Wayne Forbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 Chinook
 City Conway State AR Zip Code 72034-8473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehab Institute at Sherwood Plaza Occupation 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
 02 / 10 / 2012
Transaction ID : 44230900
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<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. DrCarolynn Patten
Full Name (Last, First, Middle Initial)
Mailing Address 719 Ne 5th St
City Gainesville State FL Zip Code 32601-4305
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 44230909
Amount of Each Receipt this Period 250.00

B. Ms Catherine E Patla
Full Name (Last, First, Middle Initial)
Mailing Address 19 Dolphin Dr
City St Augustine State FL Zip Code 32080-4530
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Augustine University Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 44230952
Amount of Each Receipt this Period 1000.00

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

Date of Receipt 02 / 09 / 2012
Transaction ID : 44230953
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<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. Mr Mike T. Studer
Full Name (Last, First, Middle Initial)

Mailing Address 3270 Liberty Rd S

City Salem State OR Zip Code 97302-4560

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

Name of Employer Northwest Rehab Occupation 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
 02 / 09 / 2012

Transaction ID : 44230956

Amount of Each Receipt this Period
 400.00

B. Cheryl Resnik
Full Name (Last, First, Middle Initial)

Mailing Address 1070 S Oakland Ave

City Pasadena State CA Zip Code 91106-4344

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

Name of Employer Univ of Southern California Occupation 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
 02 / 09 / 2012

Transaction ID : 44230958

Amount of Each Receipt this Period
 500.00

C. Maureen Kavalor
Full Name (Last, First, Middle Initial)

Mailing Address 6529 N Braeburn Ln

City Glendale State WI Zip Code 53209-3323

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

Name of Employer Easter Seals Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : 44230960

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 42
	<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. Mr Steven Gary Crandall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Rich Way
 City Salt Lake City State UT Zip Code 84121-4881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hand & Orthopedic Specialists Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 09 / 2012**
Transaction ID : 44230962
 Amount of Each Receipt this Period **500.00**

B. Ms Nancy T. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1820 N Hartford St
 City Arlington State VA Zip Code 22201-5241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APTA Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 09 / 2012**
Transaction ID : 44235015
 Amount of Each Receipt this Period **500.00**

C. Mr Paul Benedict Lonnemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7812 Saint Johns Rd
 City Floyds Knobs State IN Zip Code 47119-8538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MYPT Works Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 09 / 2012**
Transaction ID : 44235018
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<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. Ms Valerie R. Teglia
 Full Name (Last, First, Middle Initial)
 Mailing Address 23508 Estrella Pl
 City Valencia State CA Zip Code 91355-2131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount St. Mary's College Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 44235028
 Amount of Each Receipt this Period
 250.00

B. Timothy Schell
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Nicklaus Ct
 City Grove City State PA Zip Code 16127-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 44235034
 Amount of Each Receipt this Period
 500.00

C. Pamela S. Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Oxford Ct
 City Andover State KS Zip Code 67002-9063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palmer PT for Women Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2012
Transaction ID : 44235226
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<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)

Full Name (Last, First, Middle Initial) A. Dr Rick Wickstrom		Date of Receipt 02 / 11 / 2012 Transaction ID : 44235228
Mailing Address 324 Oliver Rd		Amount of Each Receipt this Period 500.00
City Cincinnati	State OH	Zip Code 45215-2615
FEC ID number of contributing federal political committee.	C	
Name of Employer Workability Center	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms Sheree Chapman York		Date of Receipt 02 / 09 / 2012 Transaction ID : 44235234
Mailing Address 313 Delcris Ct		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35226-1978
FEC ID number of contributing federal political committee.	C	
Name of Employer CHSYS	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr Peter J. McMenamin		Date of Receipt 02 / 23 / 2012 Transaction ID : 44244951
Mailing Address 130 N Garland Ct Apt 3805		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60602-4836
FEC ID number of contributing federal political committee.	C	
Name of Employer Northwestern University	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
	<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 (Last, First, Middle Initial) A. Mark Allen Anderson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>23</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	23	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
02	/	23	/	2012								
Mailing Address 1621 Matlock Ct		Transaction ID : 44244963										
City Sandy	State UT	Zip Code 84093-6265										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Self-Employed	Occupation PT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) B. Linda J. Zane		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>23</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	23	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
02	/	23	/	2012								
Mailing Address 8297 Bridle Path		Transaction ID : 44244965										
City Boca Raton	State FL	Zip Code 33496-1201										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer PTPN of Florida	Occupation PT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) C. Mr Vinod Y. Somareddy		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>23</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	23	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
02	/	23	/	2012								
Mailing Address 475 Northern Blvd Ste 11		Transaction ID : 44244968										
City Great Neck	State NY	Zip Code 11021-4802										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Reddy-Care Physical Therapy	Occupation PT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<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. Deborah Reed
Full Name (Last, First, Middle Initial)

Mailing Address 1020c 11th St

City State Zip Code
Tell City IN 47586-2130

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

Name of Employer Occupation
Advanced Rehab Incorporated PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2012
Transaction ID : 44244969

Amount of Each Receipt this Period
250.00

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

Mailing Address 4407 N Grandview Ave

City State Zip Code
Odessa TX 79762-5311

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

Name of Employer Occupation
Odessa Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2012
Transaction ID : 44372565

Amount of Each Receipt this Period
500.00

C. Mr Scott Allan Dickie
Full Name (Last, First, Middle Initial)

Mailing Address 19223 Point O Woods Ct

City State Zip Code
Baton Rouge LA 70809-6728

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

Name of Employer Occupation
Peak Performance Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 29 / 2012
Transaction ID : 44391849

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<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)

Full Name (Last, First, Middle Initial) A. Ms Lorena Pettet Payne		Date of Receipt
Mailing Address 7010 Camp Creek Rd		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Manhattan	MT	59741-8343
FEC ID number of contributing federal political committee.		Transaction ID : 44391851
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Self-Employed	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gina Pauline Otterbein		Date of Receipt
Mailing Address 25 Conran Dr		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Coopersville	MI	49404-1366
FEC ID number of contributing federal political committee.		Transaction ID : 44391853
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Northern Physical Therapy	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr Scott Allan Dickie		Date of Receipt
Mailing Address 19223 Point O Woods Ct		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baton Rouge	LA	70809-6728
FEC ID number of contributing federal political committee.		Transaction ID : 44392668
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Peak Performance Physical Therapy	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 25 OF 42
(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. Dr Ann A. Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7415 Fernbrook Ln N
 City State Zip Code
 Maple Grove MN 55311-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : 44392688
 Amount of Each Receipt this Period
 250.00

B. Ms Christine M. Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Perry Ln
 City State Zip Code
 Pittsburgh PA 15229-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fox Chapel 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
 02 / 06 / 2012
Transaction ID : 44392692
 Amount of Each Receipt this Period
 500.00

C. James J. Dagostino
 Full Name (Last, First, Middle Initial)
 Mailing Address 3456 Camden Circle
 City State Zip Code
 Carlsbad CA 92008-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dagostino Physical Therapy, Inc 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
 02 / 23 / 2012
Transaction ID : 44425162
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<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. Dr Barbara A. Melzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Cas Hills Dr
 City Castle Hills State TX Zip Code 78213-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas State University - San Marcos Occupation 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
 02 / 17 / 2012
Transaction ID : 44425182
 Amount of Each Receipt this Period
 500.00

B. Adele W. Potter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 Patten Mills Rd
 City Fort Ann State NY Zip Code 12827-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : 44425190
 Amount of Each Receipt this Period
 500.00

c. Corina Isabel Rosales-Vasquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4038 N Conlon Ave
 City Covina State CA Zip Code 91722-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 44618531
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$60.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	27009.33

**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 42
(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. Nelson 2012
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8666
 City State Zip Code
 Omaha NE 68108
 FEC ID number of contributing federal political committee. **C** C00368209
 Name of Employer Occupation
 Receipt For: 2011
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012
Transaction ID : 44373499
 Amount of Each Receipt this Period
 1500.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement

011

Candidate Name

Mr. Thomas Marino

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201707

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Rothman For New Jersey, Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement

011

Candidate Name

Rep. Steve R. Rothman

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201711

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Citizens For Turner

Mailing Address 120 W. Second Street, Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement

011

Candidate Name

Mr. Michael R. (Mike) Turner

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201712

Amount of Each Disbursement this Period

2000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Loretta Sanchez

Mailing Address P.O. Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Loretta Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

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

Transaction ID : 44201722

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Betty Sutton For Congress

Mailing Address PO Box 14693

City Copley State OH Zip Code 44321

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Betty S. Sutton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

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

Transaction ID : 44201725

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gwendolynne Moore

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

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

Transaction ID : 44201726

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gary Miller for Congress

Mailing Address 721 S. Brea Canyon Road
Suite 7

City Walnut State CA Zip Code 91789

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gary Miller

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201731

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Lucille Roybal-Allard

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201732

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Emanuel Cleaver II

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201734

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Conaway for Congress

Mailing Address P.O. Box 51272

City Midland State TX Zip Code 79710

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Conaway

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 11

Date of Disbursement

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

Transaction ID : 44201735

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pitts Committee

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

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

Transaction ID : 44201736

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC

Mailing Address 236 Massachusetts Avenue
Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 44201738

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201742

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Barrow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201744

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Barrow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201745

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric I. Cantor

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

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

Transaction ID : 44201747

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Kissell For Congress

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Larry Kissell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

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

Transaction ID : 44201748

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address P.O. Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement

011

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
0	2		1	6		2	0	1	2

Transaction ID : 44201749

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tuesday Group PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201753

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David Lee Camp

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201754

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Gene Green

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201755

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

Mr. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201756

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

Mr. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201757

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CHC/BOLD PAC

Mailing Address 800 4th Street, SW
Suite S 720

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Candidate Name

CHC/BOLD PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 44201758

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Clay Jr. For Congress

Mailing Address PO Box 4544

City St. Louis State MO Zip Code 63108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. William Clay

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : 44201759

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vick For Congress

Mailing Address PO Box 310

City Chesterfield State SC Zip Code 29709

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Ted Vick

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

Transaction ID : 44373332

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jesse Jackson Jr For Congress

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jesse L. Jackson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

Transaction ID : 44373334

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Duckworth For Congress

Mailing Address P.O. Box 8867

City Rolling Meadows State IL Zip Code 60008

Purpose of Disbursement

Category/
Type

Candidate Name

Ms. L. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

/ /

Transaction ID : 44373335

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Ricardo A. Fernandez

Mailing Address P.O. box 150

City Palos Park State IL Zip Code 60464-0150

Purpose of Disbursement
Ricardo Fernandez, STATE SENATE 18th IL

011

Category/
Type

Candidate Name

Ricardo Fernandez

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : 44373331

Amount of Each Disbursement this Period

1000.00

Ricardo Fernandez, STATE SENATE 18th IL

B.

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

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

1000.00

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

1000.00