

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2011 through 05 31 2011

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

Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer Electronically Filed by Mr Justin Moore Date 06 20 2011

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		421861.73
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	427913.91									
(c) Total Receipts (from Line 19)	56885.35	231968.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	484799.26	653830.62								
7. Total Disbursements (from Line 31)	76140.00	245171.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	408659.26	408659.26								
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-PA)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	24953.61	101969.25
(ii) Unitemized	31825.81	129493.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56779.42	231462.84
(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)	56779.42	231462.84
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.)	105.93	506.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56885.35	231968.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56885.35	231968.89

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	76000.00	244600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	140.00	140.00
(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))	140.00	140.00
29. Other Disbursements.....	0.00	431.36
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76140.00	245171.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76140.00	245171.36

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)	56779.42	231462.84
34. Total Contribution Refunds (from Line 28(d))	140.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56639.42	231322.84
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 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Erik Paul Moen		Date of Receipt
	Mailing Address 19216 65th PI Ne		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Kenmore	WA	98028-3416
	FEC ID number of contributing federal political committee. C		Transaction ID: 39866176
Name of Employer Corpore Sano		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Prof Pamela Ann Duffy		Date of Receipt
	Mailing Address 28135 J Ave		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Adel	IA	50003-4506
	FEC ID number of contributing federal political committee. C		Transaction ID: 39866177
Name of Employer Wellmark BCBS		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Jerry Michael Jackson		Date of Receipt
	Mailing Address 1400 Lillian Way		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Reno	NV	89509-3222
	FEC ID number of contributing federal political committee. C		Transaction ID: 39870091
Name of Employer Total Health Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 61
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John D. Barnes</p> <p>Mailing Address 1005 Hardee Place</p> <p>City State Zip Code Alexandria VA 22304-1719</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Physical Therapy Association</p> <p>Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 05 / 03 / 2011</p> <p>Transaction ID: 39881332</p> <p>Amount of Each Receipt this Period 40.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mary Jane Harris</p> <p>Mailing Address 6500 Langleigh Way</p> <p>City State Zip Code Alexandria VA 22315-3454</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer APTA</p> <p>Occupation PT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt 05 / 03 / 2011</p> <p>Transaction ID: 39881940</p> <p>Amount of Each Receipt this Period 45.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Kenneth Joseph Harwood</p> <p>Mailing Address 12551 Manderley Way</p> <p>City State Zip Code Herndon VA 20171-1828</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer APTA</p> <p>Occupation PT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 228.75</p>	<p>Date of Receipt 05 / 03 / 2011</p> <p>Transaction ID: 39882037</p> <p>Amount of Each Receipt this Period 22.75</p>
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SUBTOTAL of Receipts This Page (optional)	107.75
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 61

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Karen Jost

Mailing Address 400 Madison Street
Unit 805

City State Zip Code
Alexandria VA 22314-1747

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Transaction ID: 39882179

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Justin D Moore

Mailing Address 4819 1st St S

City State Zip Code
Arlington VA 22204-1315

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

Name of Employer Occupation
APTA PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Transaction ID: 39882262

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Maureen Ries

Mailing Address 526 S 87th Cir

City State Zip Code
Omaha NE 68114-4220

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

Name of Employer Occupation
Alegent Health PT

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Transaction ID: 39979801

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

328.47

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tracy Moritz Sykes

Mailing Address 1827 Westridge Rd

City State Zip Code
Los Angeles CA 90049-2215

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 05 / 03 / 2011
Transaction ID: 39979814

Amount of Each Receipt this Period 500.00

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

Mailing Address 13 Waterview Dr

City State Zip Code
Amherst NH 03031-2109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Concentra Medical Centers PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2011
Transaction ID: 39980893

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Helene M. Fearon

Mailing Address 5226 E Via Buena Vis

City State Zip Code
Paradise Valley AZ 85253-2122

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 ▼ 3750.00

Date of Receipt 05 / 05 / 2011
Transaction ID: 39981588

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) 1875.00

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 / 61

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Linda Zane

Mailing Address 8297 Bridle Path

City State Zip Code
Boca Raton FL 33496-1201

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

Name of Employer Occupation
PTPN of Florida PT

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

Date of Receipt

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

Transaction ID: 39982072

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian Lee White

Mailing Address 6180 S Tarrega Ln

City State Zip Code
Meridian ID 83642-7201

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

Name of Employer Occupation
Mountain Land Rehabilitation PT

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

Date of Receipt

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

Transaction ID: 39982228

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Thomas Matthew Peterson

Mailing Address 1521 Northway Dr Ste 116

City State Zip Code
Saint Cloud MN 56303-1274

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

Name of Employer Occupation
Kinesis Physical Therapy Inc PT

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

Date of Receipt

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

Transaction ID: 39982518

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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 / 61
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A.

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

Mailing Address 8534 Brittany Ct N

City Indianapolis State IN Zip Code 46236-9015

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

Name of Employer Clarian Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 05 / 05 / 2011

Transaction ID: 39982831

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
David Anthony Briscoe

Mailing Address 210 Penny Ln

City Scott Depot State WV Zip Code 25560-9371

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 ▼ 375.00

Date of Receipt 05 / 05 / 2011

Transaction ID: 40146135

Amount of Each Receipt this Period 375.00

C.

Full Name (Last, First, Middle Initial)
Mr Michael Caruso

Mailing Address 6510 Paper PI

City Highland State MD Zip Code 20777-9610

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

Name of Employer OCC Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2011

Transaction ID: 40158553

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Nancy B. Reese		Date of Receipt
	Mailing Address PTC Bldg Rm 303 201 N Donaghey Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 2 / 2 0 1 1
	City	State	Zip Code
	Conway	AR	72035-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 40159430
Name of Employer University of Central Arkansas		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Mr Richard Bigalk		Date of Receipt
	Mailing Address 1526 W Parnell Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 1 1
	City	State	Zip Code
	Milwaukee	WI	53221-4311
	FEC ID number of contributing federal political committee. C		Transaction ID: 40159431
Name of Employer Concentra		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Beth Ward		Date of Receipt
	Mailing Address 7506 Camelback Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Shreveport	LA	71105-5413
	FEC ID number of contributing federal political committee. C		Transaction ID: 40168970
Name of Employer Gentiva Health Services		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Lawrence Rickert

Mailing Address 1240 Se 8th Ter

City State Zip Code
Cape Coral FL 33990-3210

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 ▼ 475.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 40168986

Amount of Each Receipt this Period
375.00

B.

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

Mailing Address 241 Parrish St Ste A

City State Zip Code
Canandaigua NY 14424-1727

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

Name of Employer Lake Country Physical Therapy & Sports Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 40170847

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address PO Box 1192
321 W. Bruce St., Ste. B

City State Zip Code
Seymour IN 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 ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 40170857

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 124 Cherryfield Ln

City Savannah State GA Zip Code 31419-9095

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

Name of Employer Armstrong State University Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 12 / 2011

Transaction ID: 40170870

Amount of Each Receipt this Period 41.67

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

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 ▼ 335.00

Date of Receipt 05 / 12 / 2011

Transaction ID: 40170873

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Julie Lee Rosen

Mailing Address 445 Park Ave

City Glencoe State IL Zip Code 60022-1527

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

Name of Employer Sava Senior Care Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 12 / 2011

Transaction ID: 40171040

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 241.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Susan J. Allen

Mailing Address 195 Ave De La Demerald

City Sparks State NV Zip Code 89434-9550

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

Name of Employer Renown Health Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2011
Transaction ID: 40175938
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Carol Counts Likens

Mailing Address Department of Physical Therapy
930 Madison Avenue, #646

City Memphis State TN Zip Code 38163-0001

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

Name of Employer The University of TN Health Science Ce Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2011
Transaction ID: 40175939
Amount of Each Receipt this Period 500.00

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

Mailing Address PO Box 546

City Somonauk State IL Zip Code 60552-0546

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 05 / 12 / 2011
Transaction ID: 40175945
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen Tollefson
Mailing Address 14511 183rd Ave Ne
City Woodinville State WA Zip Code 98072-9377
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 ▼ 600.00
Date of Receipt 05 / 13 / 2011
Transaction ID: 40179807
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John D. Barnes
Mailing Address 1005 Hardee Place
City Alexandria State VA Zip Code 22304-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer American Physical Therapy Association Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 05 / 13 / 2011
Transaction ID: 40185324
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Mary Jane Harris
Mailing Address 6500 Langleigh Way
City Alexandria State VA Zip Code 22315-3454
FEC ID number of contributing federal political committee. **C**
Name of Employer APTA Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00
Date of Receipt 05 / 13 / 2011
Transaction ID: 40185329
Amount of Each Receipt this Period 45.00

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 17 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City Herndon State VA Zip Code 20171-1828

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 ▼ 251.50

Date of Receipt: 05 / 13 / 2011

Transaction ID: 40185333

Amount of Each Receipt this Period: 22.75

B.

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

Mailing Address 400 Madison Street Unit 805

City Alexandria State VA Zip Code 22314-1747

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 ▼ 400.00

Date of Receipt: 05 / 13 / 2011

Transaction ID: 40185335

Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
Justin D Moore

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.70

Date of Receipt: 05 / 13 / 2011

Transaction ID: 40185336

Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ► 101.22

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 18 / 61
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Craig W Zettergren

Mailing Address 72 Pine St Unit A

City Bristol State CT Zip Code 06010-6960

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 05 / 13 / 2011
Transaction ID: 40209163
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Brad William Bulkow

Mailing Address 617 S 9th Pl

City Oostburg State WI Zip Code 53070-1373

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

Name of Employer Mueller Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 13 / 2011
Transaction ID: 40209172
Amount of Each Receipt this Period 375.00

C.

Full Name (Last, First, Middle Initial)
Gabe Matthew Freyaldenhoven

Mailing Address 2010 W 8th St

City Russellville State AR Zip Code 72801-5655

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

Name of Employer River Valley Therapy & Sports Medicine Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 19 / 2011
Transaction ID: 40209176
Amount of Each Receipt this Period 375.00

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 19 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert A Henson

Mailing Address 107 Professional Plaza #107

City State Zip Code
North Charleroi PA 15022

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

Name of Employer Occupation
OSPTA, Inc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 40209177

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
LT Toby Jason Degenhardt

Mailing Address USNH Box 6
GTMO

City State Zip Code
FPO-AE 09589-1000

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

Name of Employer Occupation
U.S. Navy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: 40209226

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Adam L. Campbell

Mailing Address 1421 Henryville Bluelick Rd

City State Zip Code
Henryville IN 47126-8578

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: 40211234

Amount of Each Receipt this Period
375.00

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 20 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr William Scott Wall

Mailing Address 773 Mustang Ln

City State Zip Code
Gardnerville NV 89410-6811

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

Name of Employer Physical Therapy Specialist Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: 40218260
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr Jim Ronald Rivard

Mailing Address 13416 Nw 97th Street

City State Zip Code
Redmond WA 98052

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: 05 / 19 / 2011
Transaction ID: 40218432
Amount of Each Receipt this Period: 100.00

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

Mailing Address 901 Hinman Ave Apt 2f

City State Zip Code
Evanston IL 60202-1820

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

Name of Employer LakeShore Sports Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: 40218903
Amount of Each Receipt this Period: 67.00

SUBTOTAL of Receipts This Page (optional) ► 1167.00

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 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ira Gorman

Mailing Address 254 Mary Beth Rd

City State Zip Code
Evergreen CO 80439-4312

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

Name of Employer Regis University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	1

Transaction ID: 40219234

Amount of Each Receipt this Period
100.00

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

Mailing Address 822 Cartier Ln

City State Zip Code
Little Rock AR 72211-5509

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

Name of Employer Arkansas Children's Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	1

Transaction ID: 40219290

Amount of Each Receipt this Period
50.00

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

Mailing Address 1300 S Green Bay Rd Ste 205

City State Zip Code
Racine WI 53406-4469

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

Name of Employer P.T. Plus Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	1

Transaction ID: 40219477

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 61
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dennis Spillane

Mailing Address 5136 Mount Ararat Dr

City State Zip Code
San Diego CA 92111-3846

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 40219595

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Timothy Schell

Mailing Address 408 Taas Trl

City State Zip Code
Mercer PA 16137-9350

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 40219896

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City State Zip Code
Mount Pleasant SC 29464-9490

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

Name of Employer MUSC Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 40220015

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 61
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Drew G. Bossen

Mailing Address 4191 Westcott Dr Ne

City Iowa City State IA Zip Code 52240-7788

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

Name of Employer Progressive Rehab Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 19 / 2011

Transaction ID: 40220019

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Dr David A. Pariser

Mailing Address 5319 Manor Ct

City Crestwood State KY Zip Code 40014-8845

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

Name of Employer Bellarmine University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt 05 / 19 / 2011

Transaction ID: 40220021

Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
Sheila K. Nicholson

Mailing Address 6143 Whimbrelwood Dr

City Lithia State FL Zip Code 33547-4101

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 05 / 18 / 2011

Transaction ID: 40220034

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **310.00**

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 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 11144 Hillsboro Ave N

City State Zip Code
Champlin MN 55316-3128

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

Name of Employer Occupation
Ortho Rehab Specialists PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 40220037

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
James Seykot

Mailing Address 2236 Sunrise Way

City State Zip Code
Jamison PA 18929-1051

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

Name of Employer Occupation
Cornerstone PT Assoc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: 40220520

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr Triston Stavros Glynos

Mailing Address 23 Berkshire Dr

City State Zip Code
Warren NJ 07059-6918

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

Name of Employer Occupation
Joint Motion Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 40259836

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr Eric Russell Sacia

Mailing Address 27036 206th Ave

City State Zip Code
Eldridge IA 52748-9764

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

Name of Employer: Rock Valley Physical Therapy
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: 40259843
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1528 High Country Rd

City State Zip Code
Downingtown PA 19335-5706

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

Name of Employer: Kinetic Physical Therapy
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: 40358772
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr Greg Monson

Mailing Address 3423 28th Avenue Ct

City State Zip Code
Moline IL 61265-5306

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

Name of Employer: Rock Valley Physical Therapy
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: 40358779
Amount of Each Receipt this Period: 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Tutland		Date of Receipt
	Mailing Address 11711 Ne 12th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 0 / 2 0 1 1
	City	State	Zip Code
	Bellevue	WA	98005-2461
	FEC ID number of contributing federal political committee. C		Transaction ID: 40358862
Name of Employer Bellevue Phys Therapy Clinic		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Ms Sheryl Tompkins		Date of Receipt
	Mailing Address 22 Fairfax St Se		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Leesburg	VA	20175-3616
	FEC ID number of contributing federal political committee. C		Transaction ID: 40359560
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Brad A. Thuringer		Date of Receipt
	Mailing Address 1010 17th Ave S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Brookings	SD	57006-4099
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363900
Name of Employer Lake Area Technical Institute		Occupation PTA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Susan A. Appling		Date of Receipt
	Mailing Address Department of Physical Therapy 930 Madison Ave Room 656		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Memphis	TN	38163-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363906
Name of Employer University of Tennessee		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Dr Steven Lesh		Date of Receipt
	Mailing Address 4636 S 150th Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 1 1
	City	State	Zip Code
	Bolivar	MO	65613-7329
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363907
Name of Employer Southwest Baptist University		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Daniel Lilley		Date of Receipt
	Mailing Address 800 Compton Rd Unit 3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Cincinnati	OH	45231-3846
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363908
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 600.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Laurie Jean Johnson

Mailing Address 430 Hartley Pl

City Duluth State MN Zip Code 55803-2473

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

Name of Employer Workwell Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363909
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas M. Eggleton

Mailing Address 477 Summerhill Vw

City Alpine State CA Zip Code 91901-2783

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363910
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address PO Box 319
194 2nd Ave

City Cedar Grove State NJ Zip Code 07009-0319

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363912
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ms Sheryl Denise Crawford

Mailing Address 4201 Sw Washington Dr

City State Zip Code
Blue Springs MO 64014-5553

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 ▼
274.15

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363915

Amount of Each Receipt this Period
20.83

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

Mailing Address 10 Tatomuck Rd

City State Zip Code
Pound Ridge NY 10576-1429

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

Name of Employer Self-Employed Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363917

Amount of Each Receipt this Period
50.00

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

Mailing Address 5730 Marina Bay Dr

City State Zip Code
Shreveport LA 71119-3918

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

Name of Employer LSUHSC-Shreveport Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363918

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **170.83**

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 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jerry Klug		Date of Receipt
	Mailing Address 1475 1st Ave Sw		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Jacksonville	AL	36265-3337
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363921
Name of Employer AL Physical Rehab Service		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.33
		<input type="text"/> 1041.65	

B.	Full Name (Last, First, Middle Initial) Dennis J. Dougherty		Date of Receipt
	Mailing Address 1601 Stonehill Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Bethlehem	PA	18015-8964
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363922
Name of Employer Rehab Partners		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Judith Dougherty		Date of Receipt
	Mailing Address 1601 Stonehill Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Bethlehem	PA	18015-8964
	FEC ID number of contributing federal political committee. C		Transaction ID: 40363923
Name of Employer Physical Therapy at St. Luke's		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 308.33
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 31 / 61
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr Frank C. Fantazzi

Mailing Address 4720 Lincrest Dr

City State Zip Code
Brookfield WI 53045-1123

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

Name of Employer Occupation
PT Plus PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363924

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 748 Lynwood Dr

City State Zip Code
Encinitas CA 92024-2389

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

Name of Employer Occupation
Gaspar Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363925

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Bonnie Gateau

Mailing Address 11855 Hg Trueman Rd

City State Zip Code
Lusby MD 20657-2855

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

Name of Employer Occupation
Gateau Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363926

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Deborah Gulbrandson

Mailing Address 429 High Rd

City Cary State IL Zip Code 60013-2630

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

Name of Employer Cary Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2011
Transaction ID: 40363927
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Paul O. Kraushaar

Mailing Address 1737 Arbor Oaks Dr

City Muscatine State IA Zip Code 52761-2623

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

Name of Employer Muscatine Physical Therapy Services Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2011
Transaction ID: 40363928
Amount of Each Receipt this Period 50.00

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

Mailing Address 1545 Verano Way

City Nipomo State CA Zip Code 93444-9793

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

Name of Employer PRO-PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2011
Transaction ID: 40363929
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Sandra Lee Norby

Mailing Address 789 Holton Dr

City State Zip Code
Le Mars IA 51031-3757

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

Name of Employer Occupation
Le Mars Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363930

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Brett Alan Roberts

Mailing Address 1000 E Riverview Expressway #140

City State Zip Code
Wisconsin Rapids WI 54494-5422

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

Name of Employer Occupation
Roberts Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363932

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Amy Therese Snyder

Mailing Address 1423 Saint Charles St

City State Zip Code
Wauwatosa WI 53213-2721

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363933

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John G. Wallace, Jr
Mailing Address 209 Westvale Rd
City Duarte State CA Zip Code 91010-1304
FEC ID number of contributing federal political committee. **C**
Name of Employer BMS Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 26 / 2011
Transaction ID: 40363934
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Paul J. Welk
Mailing Address 278 Walnut St
City Blawnox State PA Zip Code 15238-3331
FEC ID number of contributing federal political committee. **C**
Name of Employer Tucker Law Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt 05 / 26 / 2011
Transaction ID: 40363935
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Jay H. Segal
Mailing Address 1537 Bent River Cir
City Birmingham State AL Zip Code 35216-5394
FEC ID number of contributing federal political committee. **C**
Name of Employer HPRC Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 26 / 2011
Transaction ID: 40363936
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 350.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Cindy Furey

Mailing Address 5677 Oberlin Dr Ste 106

City State Zip Code
San Diego CA 92121-1741

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

Name of Employer: Comprehensive Therapy Services
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363939
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Thomas Hamilton

Mailing Address 12234 Cottonwood Rd

City State Zip Code
Cottonwood AL 36320-4279

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

Name of Employer: Self-Employed
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363940
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Ms Gretchen A. Seif

Mailing Address 1970 Pierce St

City State Zip Code
Daniel Island SC 29492-7988

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

Name of Employer: MUSC
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363944
Amount of Each Receipt this Period: 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2249 River Rd S

City State Zip Code
Lakeland MN 55043-9775

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

Name of Employer Occupation
Big Stone Therapies PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363947

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Stephen Mark Levine

Mailing Address 7520 Nw 12th St

City State Zip Code
Plantation FL 33313-5922

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

Name of Employer Occupation
Rehabilitation Consulting & Resource I PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363948

Amount of Each Receipt this Period
250.00

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

Mailing Address 865 N Nottingham St

City State Zip Code
Arlington VA 22205-1510

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

Name of Employer Occupation
Body Dynamics PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40363949

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **383.34**

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 37 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas DiAngelis

Mailing Address 2092 S State Route 123

City State Zip Code
Lebanon OH 45036-9640

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

Name of Employer: Comprehensive Physical Therapy Center
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt: 05 / 26 / 2011
Transaction ID: 40363950
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 23410 Four Chimneys Ln
PO Box 1769

City State Zip Code
Middleburg VA 20117-2805

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

Name of Employer: The Jackson Clinics
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 05 / 25 / 2011
Transaction ID: 40369996
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Timothy Spooner

Mailing Address 9097 E Desert Cove Dr Ste 110

City State Zip Code
Scottsdale AZ 85260-6276

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

Name of Employer: Spooner Physical Therapy
Occupation: PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 05 / 25 / 2011
Transaction ID: 40370000
 Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 61
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms Dolores F. Montero

Mailing Address 15 Skyline Dr

City State Zip Code
Troy NY 12180-6653

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2011

Transaction ID: 40374216

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
Mr Thomas Jerry Bohanon

Mailing Address 5437 Wintergreen Rd

City State Zip Code
Glen Allen VA 23060-9236

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

Name of Employer In Motion Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: 40377950

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Shirley A. Sahrman

Mailing Address 1139 Ralph Ter

City State Zip Code
Richmond Heights MO 63117-1528

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

Name of Employer Washington University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: 40377974

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 61
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr Matthew J. Lee

Mailing Address 335 Irvine Rd

City Lexington State KY Zip Code 40502-1817

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

Name of Employer KORT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 19 / 2011
Transaction ID: 40377988
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr Jon T. Nordrum

Mailing Address 26017 N 44th Dr

City Phoenix State AZ Zip Code 85083-1649

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

Name of Employer Mayo Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2011
Transaction ID: 40378580
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Tracey Lynne Estok

Mailing Address 22310 County Road 455

City Howey In The Hills State FL Zip Code 34737-4516

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 05 / 27 / 2011
Transaction ID: 40378582
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John F Crowe		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 11904 W North Ave Ste 100 Sport Clinic Of Greater Milwaukee		Transaction ID: 40378589		
	City Wauwatosa	State WI	Zip Code 53226-2062	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sport Clinic of Greater Milwaukee		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Abby Herzog Franco		Date of Receipt MM / DD / YYYY 05 / 24 / 2011		
	Mailing Address 2609 W Woolbright Rd Ste 4a		Transaction ID: 40694010		
	City Boynton Beach	State FL	Zip Code 33436-6634	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Boynton Sport and Back PT		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Ms Taylor J. Reed		Date of Receipt MM / DD / YYYY 05 / 30 / 2011		
	Mailing Address 1971 W Cholla Estate Dr		Transaction ID: 40694045		
	City Tucson	State AZ	Zip Code 85704-1075	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Healthsouth		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr John A. Baur

Mailing Address 200 W Cold Spring Ln 300

City State Zip Code
Baltimore MD 21210-2831

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

Name of Employer Physical Therapy First Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 05 / 27 / 2011

Transaction ID: 40694084

Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Amber Marie Yampolsky

Mailing Address 6453 Cropping St. Apt 5209

City State Zip Code
Winter Garden FL 34787-8728

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

Name of Employer Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 05 / 15 / 2011

Transaction ID: 40719438

Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$35.00 This changes the YTD Total to \$0.00

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

Mailing Address 8337 Mitchell Mill Rd

City State Zip Code
Ooltewah TN 37363-8837

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

Name of Employer University of Tennessee Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 05 / 15 / 2011

Transaction ID: 40719439

Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$35.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cynthia Renee Hilyerd

Mailing Address 4322 Old Springdale Rd

City State Zip Code
Louisville KY 40241-1144

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

Name of Employer Occupation
PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 40719440

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$35.00 This changes the YTD Total to \$0.00

B. Full Name (Last, First, Middle Initial)
Melinda Swayne

Mailing Address 11787 Stoney Peak Dr Apt 823

City State Zip Code
San Diego CA 92128-6424

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

Name of Employer Occupation
STU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 40719441

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$35.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ► 24953.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 61	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address Old Town Branch King Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 40718975
	Name of Employer		Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="506.05"/>
			Amount of Each Receipt this Period <input type="text" value="105.93"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="105.93"/>
TOTAL This Period (last page this line number only)	<input type="text" value="105.93"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress <hr/> Mailing Address P.O. Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Shelley Moore Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40179989 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee <hr/> Mailing Address P.O. Box 391 <hr/> City Hopkinsville State KY Zip Code 42241 <hr/> Purpose of Disbursement <hr/> Candidate Name Edward Whitfield <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 40179991 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
Amount of Each Disbursement this Period 5000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Duncan D. Hunter For Congress <hr/> Mailing Address 9340 Fuerte Drive Suite 302 <hr/> City La Mesa State CA Zip Code 91941 <hr/> Purpose of Disbursement <input type="text" value="011"/> Category/Type <hr/> Candidate Name Rep. Duncan L. Hunter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 52	Transaction ID: 40179992 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1	
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
	Full Name (Last, First, Middle Initial) Butterfield For Congress <hr/> Mailing Address PO Box 2571 <hr/> City Wilson State NC Zip Code 27894 <hr/> Purpose of Disbursement <input type="text" value="011"/> Category/Type <hr/> Candidate Name Rep. George K. Butterfield <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 01	Transaction ID: 40179993 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
C. Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement <input type="text" value="011"/> Category/Type <hr/> Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	Transaction ID: 40179994 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1	
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Jaime For Congress <hr/> Mailing Address PO Box 1614 <hr/> City Ridgefield State WA Zip Code 98642 <hr/> Purpose of Disbursement <hr/> Candidate Name Jaime Beutler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40179995 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress <hr/> Mailing Address P.O. Box 137 <hr/> City Spokane State WA Zip Code 99210 <hr/> Purpose of Disbursement <hr/> Candidate Name Cathy McMorris <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40179996 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wicker For Senate <hr/> Mailing Address PO Box 64 <hr/> City Jackson State MS Zip Code 39205 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Roger Wicker <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40179997 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Wicker For Senate		Transaction ID: 40180114 Date of Disbursement 05 / 13 / 2011	
	Mailing Address PO Box 64		Amount of Each Disbursement this Period 2000.00	
	City Jackson	State MS	Zip Code 39205	011 Category/ Type
	Purpose of Disbursement			
Candidate Name Mr. Roger Wicker		Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: MS District:		
B.	Full Name (Last, First, Middle Initial) Dirigo PAC		Transaction ID: 40180195 Date of Disbursement 05 / 13 / 2011	
	Mailing Address Post Office Box 1355		Amount of Each Disbursement this Period 2500.00	
	City Alexandria	State VA	Zip Code 22313-1355	011 Category/ Type
	Purpose of Disbursement			
Candidate Name		Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		
C.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown		Transaction ID: 40180573 Date of Disbursement 05 / 13 / 2011	
	Mailing Address PO Box 76187		Amount of Each Disbursement this Period 1000.00	
	City Washington	State DC	Zip Code 20013	011 Category/ Type
	Purpose of Disbursement			
Candidate Name Sherrod Brown		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: OH District:		

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Connolly For Congress</p> <p>Mailing Address PO Box 563</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gerald E. Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 11</p>	<p>Transaction ID: 40180834 Date of Disbursement 05 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 01</p>	<p>Transaction ID: 40180890 Date of Disbursement 05 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04</p>	<p>Transaction ID: 40180893 Date of Disbursement 05 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress	Transaction ID: 40180894
	Mailing Address P.O. Box 696	Date of Disbursement 05 / 13 / 2011
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Candidate Name Ms. Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Betty Sutton For Congress	Transaction ID: 40180895
	Mailing Address 1700 W Market St #155	Date of Disbursement 05 / 13 / 2011
	City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Betty S. Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress	Transaction ID: 40180946
	Mailing Address 700 13th Street, Nw Suite 600	Date of Disbursement 05 / 13 / 2011
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Candidate Name Ms. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Bartlett For Congress Committee

Mailing Address P.O. Box 245

City Middletown State MD Zip Code 21769

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Roscoe Bartlett

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 06

Transaction ID: 40180947

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Ranger PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 40180948

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
People For Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Stevan Pearce

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 02

Transaction ID: 40180949

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Adrian Smith For Congress</p> <p>Mailing Address 3321 Avenue I Suite 6</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Adrian Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03</p>	<p>Transaction ID: 40180950 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	3		2	0	1	1													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City State Zip Code Kansas City MO 64108</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Samuel Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 06</p>	<p>Transaction ID: 40180951 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	3		2	0	1	1													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City State Zip Code Lewiston ME 04240</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 02</p>	<p>Transaction ID: 40180952 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	3		2	0	1	1													
2500.00																						

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee	Transaction ID: 40180953
	Mailing Address 215 Fourth Avenue	Date of Disbursement 05 / 13 / 2011
	City Haddon Heights State NJ Zip Code 07076	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Mr. Robert Andrews Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress	Transaction ID: 40374281
	Mailing Address P.O. Box 137	Date of Disbursement 05 / 28 / 2011
	City Spokane State WA Zip Code 99210	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Cathy McMorris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 40374282
	Mailing Address 4201 Northview Drive Suite 307	Date of Disbursement 05 / 28 / 2011
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 61

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 4201 Northview Drive Suite 307 <hr/> City State Zip Code Bowie MD 20716 <hr/> Purpose of Disbursement <hr/> Candidate Name Steny Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40374283 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tim Scott For Congress <hr/> Mailing Address 1405 Ashley River Road <hr/> City State Zip Code Charleston SC 29407 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Timothy Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40374284 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson <hr/> Mailing Address PO Box 1112 <hr/> City State Zip Code State College PA 16804 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Glenn Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40374285 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Richard Neal

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MA District: 02

Transaction ID: 40374286

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Barney Frank For Congress Committee

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Barney Frank

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MA District: 04

Transaction ID: 40374287

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P. O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Sanford D. Bishop, Jr.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 02

Transaction ID: 40374288

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181a Knight Street</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. James Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: RI District: 02</p>	<p>Transaction ID: 40374289</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	8		2	0	1	1													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.</p> <p>Mailing Address 319 Nancy'S Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 05</p>	<p>Transaction ID: 40374290</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	8		2	0	1	1													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends Of Maurice Hinchey</p> <p>Mailing Address PO Box 4497</p> <p>City Kingston State NY Zip Code 12402</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Maurice Hinchey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 26</p>	<p>Transaction ID: 40374291</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	8		2	0	1	1													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Keep Nick Rahall In Congress Committee

Mailing Address P O Box 64

City Beckley State WV Zip Code 25802

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Nick Rahall

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 03

Transaction ID: 40374292

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Bill Johnson For Congress Committee

Mailing Address 3755 Hunters Hill

City Poland State OH Zip Code 44514

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Transaction ID: 40374293

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Alaskans For Don Young Inc.

Mailing Address 2504 Fairbanks Street

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Donald Young

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AK District: 00

Transaction ID: 40374294

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 02</p>	<p>Transaction ID: 40374296 Date of Disbursement 05 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Courtney for Congress</p> <p>Mailing Address 301 4th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 02</p>	<p>Transaction ID: 40374297 Date of Disbursement 05 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Fleming For Congress</p> <p>Mailing Address PO Box 1236</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John C. Fleming, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04</p>	<p>Transaction ID: 40374298 Date of Disbursement 05 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Giffords For Congress		Transaction ID: 40374299	
	Mailing Address PO Box 12886		Date of Disbursement 05 / 28 / 2011	
	City Tucson	State AZ	Zip Code 85732	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Ms. Gabrielle Giffords		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 08				
B.	Full Name (Last, First, Middle Initial) Blumenauer For Congress		Transaction ID: 40374300	
	Mailing Address 830 Ne Holladay, #105		Date of Disbursement 05 / 28 / 2011	
	City Portland	State OR	Zip Code 97232	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Mr. Earl Blumenauer		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 03				
C.	Full Name (Last, First, Middle Initial) Pascrell For Congress		Transaction ID: 40374301	
	Mailing Address P.O. Box 640		Date of Disbursement 05 / 28 / 2011	
	City Totowa	State NJ	Zip Code 07511	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Rep. William J. Pascrell, Jr.		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 08				

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Ellison For Congress	Transaction ID: 40374302 Date of Disbursement
	Mailing Address PO Box 6072	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Minneapolis State MN Zip Code 55406	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Richardson For Congress	Transaction ID: 40374303 Date of Disbursement
	Mailing Address 1212 S Victory Blvd	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Chandler for Congress	Transaction ID: 40374304 Date of Disbursement
	Mailing Address P.O. Box 12678	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Lexington State KY Zip Code 40583	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 61

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 1986 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Candidate Name Mr. David Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40374305 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jim Himes For Congress Mailing Address 857 Post Road, #312 City Fairfield State CT Zip Code 06824 Purpose of Disbursement Candidate Name Rep. James A. Himes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40374306 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tiberi For Congress Mailing Address 2931 E Dublin Granville Road Suite 190 City Columbus State OH Zip Code 43231 Purpose of Disbursement Candidate Name Mr. Patrick Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40374307 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 61

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Bralley For Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Bruce Bralley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 01

Transaction ID: 40374308

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Allyson Schwartz for Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Allyson Schwartz

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: 40374309

Date of Disbursement

05 / 28 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

76000.00