

**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  
Physical Therapy Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00012690

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

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

5. Covering Period 08 01 2003 through 08 31 2003

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 Dave Mason

Signature of Treasurer Electronically Filed by Dave Mason Date 09 18 2003

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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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Physical Therapy Political Action Committee

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		183498.46
(b) Cash on Hand at Beginning of Reporting Period .....	242858.76	
(c) Total Receipts (from Line 19) .....	39077.19	293979.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	261935.95	477478.04
7. Total Disbursements (from Line 31) .....	23500.00	219042.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	258435.95	258435.95
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	

VA

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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Physical Therapy Political Action Committee

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2003

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) .....	12480.34	
(ii) Unitemized .....	26552.49	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	39032.83	291243.99
(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) .....	39032.83	291243.99
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	44.36	235.59
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)) .....	39077.19	293979.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39077.19	293979.58

**DETAILED SUMMARY PAGE**

of Disbursements

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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	289.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	289.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	217752.49
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
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 ActMty (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))..	23500.00	219042.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23500.00	219042.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39032.83	291243.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39032.83	291243.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	269.60
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	269.60

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38	
	(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

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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David Apts</b>		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 140 Cheshire Lane		Transaction ID: 0814200349C84149
City Ashland	State KY	Zip Code 41102-7405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Premier Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Linda Arslanian</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 805C Ridgefield Circle		Transaction ID: 081820037C84835
City Clinton	State MA	Zip Code 01510-1448
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Partners in Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Bakwin</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 12 Ninth Street Apt 603		Transaction ID: 081820037C84848
City Medford	State MA	Zip Code 02155-5185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Partners in Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>350.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Diane Burickman</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 402 Vista De La Playa		Transaction ID: 0814200351C84468
City Santa Barbara	State CA	Zip Code 93108-1701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) <b>B. Scott Birmingham</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 5825 W 63rd Street Apt 3W		Transaction ID: 0814200351C84476
City Chicago	State IL	Zip Code 60638-5451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Student	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Drew Bossen</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address 4181 Westcott Dr NE		Transaction ID: 081420037C84805
City Iowa City	State IA	Zip Code 52240-7788
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>283.34</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Thomas Caldwell</b>		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 558D Pine Valley Dr.		Transaction ID: 0814200349C84106
City Zanesville	State OH	Zip Code 43701-6880
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Campbell</b>		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 2103 Bay Club Dr		Transaction ID: 0814200349C84064
City Arlington	State TX	Zip Code 76013-5207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Ramona Casper</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address PO Box 1029		Transaction ID: 0814200351C84467
City Barboursville	State KY	Zip Code 40508-5029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kentucky PT	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Geraldine Chambers</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 9251 38th Ave S		Transaction ID: 091820037C84875
City Seattle	State WA	Zip Code 98118-4826
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Kent Easthill Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. William Chapin</b>		Date of Receipt M / D / Y 08 / 07 / 2003
Mailing Address 15 Alden Road		Transaction ID: 0814200350C84355
City West Haven	State CT	Zip Code 06516-7834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Chapin & Havlicak PT	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Anne Coffman</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 12810 West Meadow Lane		Transaction ID: 0814200351C84474
City New Berlin	State WI	Zip Code 53151-1834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>425.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Kimberley Cohee</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 1507 East 8020 South		Transaction ID: 0814200351C84463
City Sandy	State UT	Zip Code 84083-6752
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Univ of Utah	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Cooperman</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 4797 Sherman Rd		Transaction ID: 0814200351C84472
City Kent	State OH	Zip Code 44240-7054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Coe</b>		Date of Receipt M / D / Y 08 / 11 / 2008
Mailing Address 43 Church Street		Transaction ID: 0814200351C84446
City High Bridge	State NJ	Zip Code 08829-1514
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. John Crane</b>		Date of Receipt M / D / Y 08 / 25 / 2008
Mailing Address Sport Clinic 11904 W North Ave		Transaction ID: 091820098C84758
City Wauwatosa	State WI	Zip Code 53226-2062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sport Clinic	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas DiAngelo</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address Comprehensive PT Center 5230 Kings Mills Rd		Transaction ID: 091820037C84804
City Mason	State OH	Zip Code 45040-2319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Comprehensive PT Center	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Ellis</b>		Date of Receipt M / D / Y 08 / 05 / 2008
Mailing Address Center for Physical Rehab 498 G Shaup Avenue W		Transaction ID: D814200349C841D7
City Twin Falls	State ID	Zip Code 83301-5045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Center for Physical Rehab	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Tracey Estok</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address 10221 Patrick Drive		Transaction ID: 091820037C84857
City Leesburg	State FL	Zip Code 34788-3835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 167.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

Full Name (Last, First, Middle Initial) <b>B. Zoe Fackelman</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address Lake Country Physical Therapy & Sp PC 241 Parish St Ste A		Transaction ID: 0814200351C84461
City Canandaigua	State NY	Zip Code 14424-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Lake Country Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Gayle Gamett</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address Rockingham Memorial Hospital 235 Cantrell Ave		Transaction ID: 0814200351C84473
City Harrisonburg	State VA	Zip Code 22801-5248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Rockingham Memorial Hospital	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>267.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Rick Gowenda</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 7913 Creek Bend Drive		Transaction ID: 0814200351C84464
City Ypsilanti	State MI	Zip Code 48197-6204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Detroit Medical Center	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Giffin</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address Box 52 Utmck 1824 Alcoa Hwy		Transaction ID: 081420037C84626
City Knoxville	State TN	Zip Code 37901-0052
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Univ. of TN Med. Ctr.	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Giordano</b>		Date of Receipt M / D / Y 08 / 11 / 2008
Mailing Address 900 Fairway Drive		Transaction ID: 0814200351C84418
City Bakersfield	State CA	Zip Code 93309-2464
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jennie Gregory</b>		Date of Receipt M / D / Y 08 / 25 / 2008
Mailing Address 1002 Abercorn Place		Transaction ID: 091820096C84719
City State Zip Code Sherwood AR 72120-6502	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer St. Vincent Health System	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Geneline Graybek</b>		Date of Receipt M / D / Y 08 / 13 / 2008
Mailing Address 138 Elmwood Dr		Transaction ID: 0814200351C84527
City State Zip Code Glenshaw PA 15116-1234	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer River Valley Rehab.	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jeanine Gunn</b>		Date of Receipt M / D / Y 08 / 05 / 2008
Mailing Address 687D Loveland-Miamiville Rd		Transaction ID: 0814200349C84105
City State Zip Code Loveland OH 45140-	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Patricia Hageman</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address PD Box 138		Transaction ID: 091820037C84864
City Ithaca	State NE	Zip Code 68033-0136
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Univ. Nebraska Medical Ctr	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Teri Hansford</b>		Date of Receipt M / D / Y 08 / 14 / 2008
Mailing Address 150 Colgett Drive		Transaction ID: 091820035C84568
City Oakland	State CA	Zip Code 94613-2306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Connie Hauser</b>		Date of Receipt M / D / Y 08 / 25 / 2008
Mailing Address Kentucky Physical Therapy & Rehab, 105 Liberty St		Transaction ID: 091820036C84720
City Barboursville	State KY	Zip Code 40508-5029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 820.00
Name of Employer Kentucky Physical Therapy & Re	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 4320.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>1120.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. Virginia Highleyman		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address PD Box B487		Transaction ID: 091820037C84824
City Jackson	State WY	Zip Code 83002-8467
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Paul Hildreth		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 830 Marengo St		Transaction ID: 0814200349C84104
City New Orleans	State LA	Zip Code 70115-2753
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Jerold Hurt		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 500 Tiki Drive Apt 204		Transaction ID: 0814200349C84150
City Galveston	State TX	Zip Code 77554-7152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>700.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 30	
	<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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Paula Jackson</b>		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address Kentucky PT 700 E Cumberland Gap Pkwy		Transaction ID: 0814200349C84147
City Corbin	State KY	Zip Code 40701-2507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Kentucky PT	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Holly Johnson</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 34 Fern St, Ivy Hill		Transaction ID: 081820037C84865
City Harlan	State KY	Zip Code 40831-3542
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kentucky PT	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Roy Junkins</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 319 Cooper Lane		Transaction ID: 081820036C84717
City Easley	State SC	Zip Code 29642-8211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer Doshier Physical Therapy	Occupation Physical Therapist Assistant	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jim Keller</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address 1700 Home Drive		Transaction ID: 091820037C84833
City Jonesboro	State AR	Zip Code 72404-9065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Aimee Klein</b>		Date of Receipt M / D / Y 08 / 05 / 2008
Mailing Address 15 Boatwains Way		Transaction ID: 0814200349C84065
City Chelsea	State MA	Zip Code 02150-4017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer MGH Institute of Health Profes	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Cynthia Knight</b>		Date of Receipt M / D / Y 08 / 13 / 2008
Mailing Address 10 BMW Drive		Transaction ID: 0814200351C84489
City Griswold	State CT	Zip Code 06351-2652
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eastern CT Rehab Centers	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Michael Land</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address Physical Therapy Specialists Inc., 509 E Michagan Avenue		Transaction ID: 0814200351C84466
City	State	Zip Code
Foley	AL	36535-2417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Physical Therapy Special- ists	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>B. David Lane</b>		Date of Receipt M / D / Y 08 / 14 / 2008
Mailing Address Just For Kids Rehabilitation and C 812 Nolana Street		Transaction ID: 081820035C84546
City	State	Zip Code
McAllen	TX	78504-3038
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>125.00</b>
Name of Employer Just For Kids Rehabilitat- ion e	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Danna Langton</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address E&L Associates Physical Therapy 727 Live Oak Drive		Transaction ID: 081820037C84888
City	State	Zip Code
El Cajon	CA	92020-5633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer E&L Associates Physical Therap	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>275.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Vicki Lee</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 1503 West Margaret Avenue		Transaction ID: 091820037C84863
City Peoria	State IL	Zip Code 61604-2544
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer OSF Healthcare	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly Lenz</b>		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 285 Dusty Lane		Transaction ID: 091820035C84575
City Powell	State TN	Zip Code 37849-7515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Kathleen Marzala</b>		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 256 Whitford Ave		Transaction ID: 0814200349C84086
City Nutley	State NJ	Zip Code 07110-1820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>360.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 30	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Frank Marape</b>		Date of Receipt M / D / Y 08 / 14 / 2008
Mailing Address 41 8th Ave		Transaction ID: 091820035C84544
City Greenville	State PA	Zip Code 16125-0723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Momentum Therapeutics	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Matix</b>		Date of Receipt M / D / Y 08 / 21 / 2008
Mailing Address 199 Downes Avenue		Transaction ID: 091820036C84687
City Staten Island	State NY	Zip Code 10312-4027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon McCalum</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address 3710 27th Place West Apt 205		Transaction ID: 091820037C84887
City Seattle	State WA	Zip Code 98159-2055
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer VMMC	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Stephen McDavid</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address Saco Bay Orthopaedic and Sports Ph 100 Foxden Rd Suite 103 West		Transaction ID: 091820037C84829
City South Portland	State ME	Zip Code 04106-4246
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Saco Bay Orthopaedic and Sport	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William McGehee</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 308 Circuit Ct		Transaction ID: 0914200351C84470
City East Peoria	State IL	Zip Code 61611-1433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bradley Univ	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Rodney Myasaki</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 324 East Holly Circle		Transaction ID: 091820037C84870
City Sandy	State UT	Zip Code 84070-5438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>350.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. N. Norman		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 11144 Hillsboro Ave N		Transaction ID: 091820037C84840
City Champlin	State MN	Zip Code 55316-3128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Michael DKelley		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 1519 132nd St SE Suite A		Transaction ID: 091820037C84806
City Everett	State WA	Zip Code 98208-7203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Lawrence Ohmen		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address Inst of PT and Fitness 678 Southway		Transaction ID: 091820037C84834
City Lewiston	State ID	Zip Code 83501-5783
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Inst of PT and Fitness	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>150.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gwendolyn Parrot</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 19 Long Cove Drive		Transaction ID: 0814200351C84479
City Old Orchard Beach	State ME	Zip Code 04064-4135
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Adrienne Parry</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 1880 W Orange Grove Rd		Transaction ID: 081820036C84716
City Tucson	State AZ	Zip Code 85704-1129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Reese</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 3335 Chimney Rock		Transaction ID: 081820037C84831
City Conway	State AR	Zip Code 72034-5314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Univ. of Central Arkansas	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Cheryl Resnik</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 154D East Alcazar Street CHP 155		Transaction ID: 091820037C84872
City Los Angeles	State CA	Zip Code 90089-0006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Univ. of Southern California	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Roberge</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address Chestnut Hill PT PO Box 87280		Transaction ID: 091820037C84873
City Chestnut Hill	State MA	Zip Code 02467-0003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Chestnut Hill PT	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Rosen</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 445 Park Ave		Transaction ID: 0814200351C84469
City Glencoe	State IL	Zip Code 60022-1527
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>300.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 30	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James Roush</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 4142 E Campbell Ave		Transaction ID: 0814200351C84462
City Higley	State AZ	Zip Code 85236-3015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer AZ School of Health Sciences	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Sanders</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 7017 Auckland Dr		Transaction ID: 081820037C84627
City Austin	State TX	Zip Code 78749-4161
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Southwest Texas State Univ	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Schurman</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address PO Box 155		Transaction ID: 081820037C84888
City Mosinee	State WI	Zip Code 54455-0155
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Cindy Schwenker</b>		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address Comprehensive Therapy Services 5677 Oberlin Drive		Transaction ID: 0814200349C84098
City San Diego	State CA	Zip Code 92121-1741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Comprehensive Therapy Services	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Jay Segal</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 1537 Bent River Circle		Transaction ID: 081820037C84810
City Birmingham	State AL	Zip Code 35216-5394
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer Ergoscience	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>380.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Gail Shuler</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address Inland Empire Physical Therapy 1303 West 6th Street Suite 104		Transaction ID: 081820037C84856
City Corona	State CA	Zip Code 92882-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Inland Empire Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Kenneth Simons</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 108B Main Street Suite A		Transaction ID: 0814200351C84478
City Sanford	State ME	Zip Code 04073-3806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Christina Sokolek</b>		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 8433 Mockingbird Lane		Transaction ID: 081820037C84858
City Cincinnati	State OH	Zip Code 45231-5850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Stoneking</b>		Date of Receipt M / D / Y 08 / 14 / 2008
Mailing Address 1230 Parkway Ave Suite 205		Transaction ID: 081820035C84588
City Trenton	State NJ	Zip Code 08628-5018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Stoneking Physical Therapy	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Michael Srydam</b>		Date of Receipt M / D / Y 08 / 26 / 2008
Mailing Address 14 Ocean Boulevard		Transaction ID: 091820037C84874
City Point Lookout	State NY	Zip Code 11568-0292
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Victoria Tiley</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 3906 Kenwood Drive		Transaction ID: 0814200351C84471
City Hillsborough	State NC	Zip Code 27278-8949
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Tribbett</b>		Date of Receipt M / D / Y 08 / 07 / 2008
Mailing Address 1421 Concord Road		Transaction ID: 0814200350C84350
City Mechanicsburg	State PA	Zip Code 17050-1555
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Central PA Rehab Services	Occupation Physical Therapist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pamela Unger</b>		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 443 Wentz St		Transaction ID: 091820037C84855
City Kutztown	State PA	Zip Code 19530-1033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Center for Advanced Wound Care	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Eileen Webbins</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 2400 Runnymede Road		Transaction ID: 0814200351C84477
City Wilson	State NC	Zip Code 27896-1350
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. John West</b>		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 2305 San Felipe		Transaction ID: 0814200351C84442
City Houston	State TX	Zip Code 77019-5401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 38	
	(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)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pamela White</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address PD Box 117		Transaction ID: 0814200351C84485
City Signal Mountain	State TN	Zip Code 37377-0117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Zadei</b>		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 4 South Meadow Ridge		Transaction ID: 081820037C84841
City Concord	State MA	Zip Code 01742-3000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer MGH Inst. of High Professional	Occupation Physical Therapist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	150.00
TOTAL This Period (last page this line number only) .....	▶	12480.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 38	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address Old Town Branch King Street		Transaction ID: 091820098C85071
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 44.36
Name of Employer	Occupation	Other Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.59	

SUBTOTAL of Receipts This Page (optional) .....	▶	44.36
TOTAL This Period (last page this line number only) .....	▶	44.36



**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 33 / 39			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bob Etheridge for Congress</b>		Transaction ID: D918200311E1236 Date of Disbursement 08 / 04 / 2003		
Mailing Address PO Box 26001		Amount of Each Disbursement this Period  1000.00		
City Raleigh	State NC			Zip Code 27611-
Purpose of Disbursement CONTR. TO REP. ETHERIDGE, NC-2 (H)				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	CONTR. TO REP. ETHERIDGE, NC-2 (H)		
State: District				

Full Name (Last, First, Middle Initial) <b>B. Nussle for Congress Committee</b>		Transaction ID: D918200311E1241 Date of Disbursement 08 / 04 / 2003		
Mailing Address P.O. Box 324		Amount of Each Disbursement this Period  2500.00		
City Manchester	State IA			Zip Code 52057-
Purpose of Disbursement CONTR. TO REP. NUSSLE, IA-1 (H)				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	CONTR. TO REP. NUSSLE, IA- 1 (H)		
State: District				

Full Name (Last, First, Middle Initial) <b>C. Bill Thomas Campaign Committee</b>		Transaction ID: 0918200311E1290 Date of Disbursement 08 / 04 / 2003		
Mailing Address P.O. Box 385		Amount of Each Disbursement this Period  1000.00		
City Bakersfield	State CA			Zip Code 93302-
Purpose of Disbursement CONTR. TO REP. THOMAS, CA-22 (H)				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	CONTR. TO REP. THOMAS, CA- 22 (H)		
State: District				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 34 / 39
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. Pallone for Congress		Transaction ID: D918200311E1239 Date of Disbursement 08 / 04 / 2003
Mailing Address P.O. Box 3176		Amount of Each Disbursement this Period  1000.00
City Long Branch	State NJ Zip Code 07740-	
Purpose of Disbursement CONTR. TO REP. PALLONE, NJ-6 (H)	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	CONTR. TO REP. PALLONE, NJ-6 (H)
State: District		

Full Name (Last, First, Middle Initial) B. Blue Dog PAC		Transaction ID: D918200311E1232 Date of Disbursement 08 / 04 / 2003
Mailing Address 227 Massachusetts Avenue Suite 101		Amount of Each Disbursement this Period  2500.00
City Washington	State DC Zip Code 20002-	
Purpose of Disbursement PAC CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	PAC CONTRIBUTION
State: District		

Full Name (Last, First, Middle Initial) C. Peter Deutsch for Congress		Transaction ID: 0918200311E1233 Date of Disbursement 08 / 04 / 2003
Mailing Address P.O. Box 817889		Amount of Each Disbursement this Period  1000.00
City Hollywood	State FL Zip Code 33081-	
Purpose of Disbursement CONTR. TO REP. DEUTSCH, FL-20 (H)	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	CONTR. TO REP. DEUTSCH, FL-20 (H)
State: District		

SUBTOTAL of Disbursements This Page (optional) .....	▶	4500.00
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 39
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard E. Neal for Congress Cte.		Transaction ID: D918200311E1225 Date of Disbursement 08 / 04 / 2003
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period  1000.00
City Springfield	State MA Zip Code 01108-	
Purpose of Disbursement CONTR. TO REP. NEAL, MA-2 (H)	Candidate Name Category/ Type	
Office Sought: House Senate President		
State: District	CONTR. TO REP. NEAL, MA-2 (H)	

Full Name (Last, First, Middle Initial) B. Gary Miller for Congress		Transaction ID: D918200311E1227 Date of Disbursement 08 / 04 / 2003
Mailing Address 721 S. Brea Canyon Road Suite 7		Amount of Each Disbursement this Period  1000.00
City Walnut	State CA Zip Code 01780-	
Purpose of Disbursement CONTR. TO REP GARY MILLER CA-42 (H)	Candidate Name Category/ Type	
Office Sought: House Senate President		
State: District	CONTR. TO REP GARY MILLER CA-42 (H)	

Full Name (Last, First, Middle Initial) C. Bob Ney for Congress		Transaction ID: 0918200311E1226 Date of Disbursement 08 / 04 / 2003
Mailing Address P.O. Box 480		Amount of Each Disbursement this Period  1000.00
City St Clairsville	State OH Zip Code 43950-	
Purpose of Disbursement CONTR. TO REP. NEY, OH-18 (H)	Candidate Name Category/ Type	
Office Sought: House Senate President		
State: District	CONTR. TO REP. NEY, OH-18 (H)	

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)				PAGE 36 / 39			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. Nathan Deal for Congress		Transaction ID: D918200311E1231 Date of Disbursement 08 / 04 / 2003	
Mailing Address P.O. Box 16021			
City Alexandria	State VA	Zip Code 22302-	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement CONTR. TO REP. DEAL, GA-10 (H)		Category/ Type	
Candidate Name			CONTR. TO REP. DEAL, GA-10 (H)
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. The Judd Gregg Committee		Transaction ID: D918200311E1235 Date of Disbursement 08 / 04 / 2003	
Mailing Address P.O. Box 1812			
City Concord	State NH	Zip Code 03302-	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement CONTR. TO SEN. GREGG, NH (S)		Category/ Type	
Candidate Name			CONTR. TO SEN. GREGG, NH (S)
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. The Cte Reelect Trent Franks to Congre		Transaction ID: 0918200311E1228 Date of Disbursement 08 / 04 / 2003	
Mailing Address P.O. Box 16021			
City Alexandria	State VA	Zip Code 22302-	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement CONTR. TO REP. FRANKS, AZ-2 (H)		Category/ Type	
Candidate Name			CONTR. TO REP. FRANKS, AZ-2 (H)
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
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 37 / 39			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) A. NoDak PAC		Transaction ID: D918200311E1229 Date of Disbursement 08 / 04 / 2003		
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period  2500.00		
City Washington	State DC			Zip Code 20015-
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	LEADERSHIP PAC CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. The Mike R Fund		Transaction ID: D918200311E1234 Date of Disbursement 08 / 04 / 2003		
Mailing Address P.O. Box 65786		Amount of Each Disbursement this Period  1000.00		
City Washington	State DC			Zip Code 20035-
Purpose of Disbursement LEADERSHIP PAC CONTRIBUTION				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	LEADERSHIP PAC CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Tancredo for Congress Committee		Transaction ID: 0918200311E1237 Date of Disbursement 08 / 04 / 2003		
Mailing Address P.O. Box 2778		Amount of Each Disbursement this Period  3000.00		
City Arlington	State VA			Zip Code 22202-
Purpose of Disbursement CONTR. TO REP. TANGREDO, CO-8 (H)				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	CONTR. TO REP. TANGREDO, CO-8 (H)		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>6500.00</b>
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 38 / 39			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
Physical Therapy Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. People for Patty Murray</b>		Transaction ID: D9182D0311E1238 Date of Disbursement 08 / 04 / 2003	
Mailing Address P.O. Box 3662			
City Seattle	State WA	Zip Code 98124-	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement CONTR. TO SEN. MURRAY, WA (S)		Category/ Type	
Candidate Name			CONTR. TO SEN. MURRAY, WA (S)
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Volunteers for Shimkus</b>		Transaction ID: D9182D0311E1240 Date of Disbursement 08 / 04 / 2003	
Mailing Address P.O. Box 2776			
City Arlington	State VA	Zip Code 22202-	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement CONTR. TO REP. SHIMKUS, IL-19 (H)		Category/ Type	
Candidate Name			CONTR. TO REP. SHIMKUS, IL-19 (H)
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	23500.00

