

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 07 01 2008 through 07 31 2008

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 David Mason

Signature of Treasurer Electronically Filed by Mr David Mason Date 08 19 2008

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		451084.73
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	309666.09									
(c) Total Receipts (from Line 19)	52503.83	351474.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	362169.92	802559.05								
7. Total Disbursements (from Line 31)	85500.00	525889.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	276669.92	276669.92								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	21009.67	151492.69
(i) Itemized (use Schedule A)	31382.67	197118.08
(ii) Unitemized	52392.34	348610.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52392.34	348610.77
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	111.49	1863.55
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))	52503.83	351474.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52503.83	351474.32

DETAILED SUMMARY PAGE

of Disbursements

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.....	83000.00	514320.00
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	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.....	2500.00	11569.13
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))..	85500.00	525889.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85500.00	525889.13

DETAILED SUMMARY PAGE
of Disbursements

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)	52392.34	348610.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52392.34	348610.77
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 / 59
	<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) Andrew James Bartek		Date of Receipt
	Mailing Address 1404 SE Rio Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	Ankeny	IA	50021-3981
	FEC ID number of contributing federal political committee. C		Transaction ID: 25388313
Name of Employer Johnston Physical Therapy		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Shawne Elizabeth Soper		Date of Receipt
	Mailing Address 512 Diane Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 07 / 2008
	City	State	Zip Code
	Richmond	VA	23227-1539
	FEC ID number of contributing federal political committee. C		Transaction ID: 25388477
Name of Employer Sheltering Arms		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"/> 1070.00

C.	Full Name (Last, First, Middle Initial) Ms. Kathleen Whooley		Date of Receipt
	Mailing Address 321 N Larchmont Blvd Suite 825		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 07 / 2008
	City	State	Zip Code
	Los Angeles	CA	90004-6400
	FEC ID number of contributing federal political committee. C		Transaction ID: 25388481
Name of Employer Larchmont PT		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
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 7 / 59
	<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) Dianne V. Jewell	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address VCU Department of Physical Therapy PO Box 980224	Transaction ID: 25388510
	City Richmond State VA Zip Code 23298-0224	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Virginia Commonwealth University Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 685.00	

B.	Full Name (Last, First, Middle Initial) Connie Hauser	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 383 Corbin Center Drive	Transaction ID: 25388511
	City Corbin State KY Zip Code 40701-1895	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kentucky Physical Therapy & Rehab, Inc Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 4000.00	

C.	Full Name (Last, First, Middle Initial) Dr. William D. Bandy	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address PTC 30	Transaction ID: 25388512
	City Conway State AR Zip Code 72035-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Central Arkansas Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 835.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 59
	<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)
Bruce Franklin Lanz

Mailing Address 509 Betsinger Road

City Sherrill State NY Zip Code 13461-1214

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 07 / 07 / 2008

Transaction ID: 25399375

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Tracey Lynn Vincel

Mailing Address 185 E 85th St Apt 26J

City New York State NY Zip Code 10028-2147

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 07 / 07 / 2008

Transaction ID: 25399422

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lance Stanley Westcott

Mailing Address 1223 Fairbrook Drive

City Mountain View State CA Zip Code 94040-3917

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 07 / 07 / 2008

Transaction ID: 25399426

Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 9 / 59
	<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)
Kamla Beaulieu

Mailing Address 180 Dickinson St #209

City State Zip Code
Lahaina HI 96761-1215

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

Name of Employer Occupation
Rehabilitation at Maui-Lahaina PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 25399441

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Johanna Hendrina M Janssen

Mailing Address 104 Oakview Drive

City State Zip Code
Elon NC 27244-9360

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

Name of Employer Occupation
Elon University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25403488

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Craig Johnson

Mailing Address 916 West Minnehaha Parkway

City State Zip Code
Minneapolis MN 55419-1221

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

Name of Employer Occupation
Premier Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25404591

Amount of Each Receipt this Period
125.00

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 10 / 59
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Mailing Address 1521 Northway Dr Suite 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
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25404995

Amount of Each Receipt this Period
125.00

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

Mailing Address 4191 Westcott Dr NE

City State Zip Code
Iowa City IA 52240-7788

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

Name of Employer Occupation
Progressive Rehab Associates PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25405144

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles Edman Brockman

Mailing Address 61071 Snowberry PI

City State Zip Code
Bend OR 97702-9171

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

Name of Employer Occupation
Therapeutic Associates PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 25405394

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 / 59
(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)
Peter J McMenamin

Mailing Address 25 E Washington St #1310

City State Zip Code
Chicago IL 60602-1863

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

Name of Employer Physical Therapy Chicago Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 25406373

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jane S. Baldwin

Mailing Address 12 Ninth Street Apt 603

City State Zip Code
Medford MA 02155-5165

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

Name of Employer Health Partners Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 25406379

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Ms. Kimberly C. Payne

Mailing Address 151 W. Weisheimer Road

City State Zip Code
Columbus OH 43214-2532

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

Name of Employer Freedom Home Health Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 25406380

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **384.00**

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 12 / 59
	<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. Pamela Morrison	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 140 West End Ave Suite 1K	Transaction ID: 25406381
	City State Zip Code New York NY 10023-6131	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Maryann Russo	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 3632 Wildwood Street	Transaction ID: 25406388
	City State Zip Code Yorktown Heights NY 10598-1129	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northern Westchester-Putnam PT	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Bobbie Hurt	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 1810 Tremont St	Transaction ID: 25406400
	City State Zip Code Galveston TX 77550-7904	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 59
	<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)
Sharon Eileen McCallum

Mailing Address 3710 27th Place West Apt 205

City State Zip Code
Seattle WA 98199-2055

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

Name of Employer Swedish Medical Center Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 08 / 2008

Transaction ID: 25406404

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 1970 Pierce Street

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 ▼ 235.00

Date of Receipt 07 / 08 / 2008

Transaction ID: 25406406

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Lydia Radosevich

Mailing Address 439 Mechem Drive

City State Zip Code
Ruidoso NM 88345-6813

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

Name of Employer Ruidoso Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2008

Transaction ID: 25406407

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 14 / 59
	<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) Boyd Alan Etter	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 2375 Telluride Drive	Transaction ID: 25406408
	City State Zip Code Reno NV 89511-9134	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PTP Physical Therapy Partners	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

B.	Full Name (Last, First, Middle Initial) Ms. Jennifer Ann Lesko	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 428 1st Ave W	Transaction ID: 25406418
	City State Zip Code Seattle WA 98119-4018	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Therapeutic Associates	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms. Margo J Hayes	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address Route 1 Box 149	Transaction ID: 25406422
	City State Zip Code Custer City OK 73639-9742	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ms. Sheryl Tompkins

Mailing Address 22 Fairfax St SE

City Leesburg State VA Zip Code 20175-3616

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 07 / 14 / 2008

Transaction ID: 25450603

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Cheryl Elizabeth Sanford-Givens

Mailing Address 4 Club Drive

City Natchez State MS Zip Code 39120-9588

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 07 / 15 / 2008

Transaction ID: 25459076

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Vicky Saliba Johnson

Mailing Address 43449 Elk Run RCR 44

City Steamboat Springs State CO Zip Code 80487-9115

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 07 / 17 / 2008

Transaction ID: 25466839

Amount of Each Receipt this Period 500.00

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 16 / 59
	<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) Andrew J. Kerk		Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 1122 Forseth Drive		Transaction ID: 25466850
	City Hartland	State WI	Zip Code 53029-2279
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Body Mechanics	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) Kristin Von Nieda		Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 3420 Warden Dr		Transaction ID: 25466866
	City Philadelphia	State PA	Zip Code 19129-1418
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Temple University	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Aimee B. Klein		Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 15 Boatswain's Way		Transaction ID: 25466868
	City Chelsea	State MA	Zip Code 02150-4017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer MGH Institute of Health Professions	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 17 / 59
(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)
Eileen Rodri Carter

Mailing Address 2400 Runnymede Road

City State Zip Code
Wilson NC 27896-1350

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
07 / 17 / 2008

Transaction ID: 25466875

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mary Pat Corrigan Jobs

Mailing Address 977 Giaroli Rd.

City State Zip Code
Memphis TN 38122-1934

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

Name of Employer Methodist Health Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 25466907

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Victoria S T Tilley

Mailing Address 1101 Bartlett Circle

City State Zip Code
Hillsborough NC 27278-6772

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
07 / 17 / 2008

Transaction ID: 25466911

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 18 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. W. Dean McCall

Mailing Address 110 West Academy St

City State Zip Code
Williamston NC 27892-2060

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

Name of Employer
Roanoke Therapeutic Services, Inc.

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 25466914

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Ramona Ann Carper

Mailing Address 383 Corbin Center Drive

City State Zip Code
Corbin KY 40701-1895

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

Name of Employer
PT Pros

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 25466916

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Gary Derscheid

Mailing Address 5320 E Shea Blvd

City State Zip Code
Scottsdale AZ 85254-4793

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

Name of Employer
Arizona Sports Physical Therapy

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 25466918

Amount of Each Receipt this Period
500.00

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: PAGE 19 / 59
(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. Dennis P Langton

Mailing Address 727 Live Oak Drive

City State Zip Code
El Cajon CA 92020-5633

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 25466949

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Stephen McDavitt

Mailing Address 49 Spring Street 3rd Floor

City State Zip Code
Scarborough ME 04074-8926

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 25466951

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Diane Platz

Mailing Address PO Box 404

City State Zip Code
Glenwood NJ 07418-0404

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

Name of Employer Occupation
Elmer Platz Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2008

Transaction ID: 25609437

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 20 / 59
(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. Christopher Allen Nawrocki

Mailing Address 256 Greenbrier Dr SE

City State Zip Code
Grand Rapids MI 49546-2232

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

Name of Employer Occupation
The Center for Physical Rehabilitation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2008

Transaction ID: 25626637

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark Whitley

Mailing Address 606 North Pines Road

City State Zip Code
Spokane Valley WA 99206-6706

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

Name of Employer Occupation
Inland PT And Sports Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 25632594

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 124 Cherryfield Lane

City State Zip Code
Savannah GA 31419-9095

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

Name of Employer Occupation
Armstrong State University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 25632595

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **342.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 59
	<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) Daniel Lilley	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 800 W Compton Rd Ste 3	Transaction ID: 25632596
	City State Zip Code Cincinnati OH 45231-3846	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00	

B.	Full Name (Last, First, Middle Initial) Ms. Margaret M. Grey	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 10 Drummond Rd	Transaction ID: 25632623
	City State Zip Code Enfield CT 06082-2532	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Grey Physical Therapy Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Patricia Young Naylor	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 3535 Pierland Drive	Transaction ID: 25632624
	City State Zip Code Pocahontas IL 62275-1541	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryville University 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)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 59
	<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 E Arslanian		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 230 Bray St		Transaction ID: 25632625
	City Gloucester	State MA	Zip Code 01930-1551
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Health Partners	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Jeanine Marie Gunn		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 6670 Loveland-Miamiville Rd		Transaction ID: 25632626
	City Loveland	State OH	Zip Code 45140-8732
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Dr. David A. Pariser		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 5319 Manor Court		Transaction ID: 25632627
	City Crestwood	State KY	Zip Code 40014-8845
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Bellarmine University	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)	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 23 / 59
(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. Catherine E Patla

Mailing Address 19 Dolphin Drive

City State Zip Code
St Augustine FL 32080-4530

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

Name of Employer Occupation
St. Augustine University PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: 25632648

Amount of Each Receipt this Period
100.00

B.

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 Occupation
MUSC PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: 25632652

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 201 B Erie Street

City State Zip Code
Grove City PA 16127-1659

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 ▼ 1940.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: 25632653

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 59
	<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		Date of Receipt MM / DD / YYYY 07 / 23 / 2008		
	Mailing Address 5677 Oberlin Drive Suite 106		Transaction ID: 25632696		
	City San Diego	State CA	Zip Code 92121-1741	Amount of Each Receipt this Period 416.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Comprehensive Therapy Services	Occupation PT	Aggregate Year-to-Date 2916.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Zoe Fackelman		Date of Receipt MM / DD / YYYY 07 / 23 / 2008		
	Mailing Address 241 Parrish St Ste A		Transaction ID: 25632742		
	City Canandaigua	State NY	Zip Code 14424-1727	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lake Country Physical Therapy & Sports	Occupation PT	Aggregate Year-to-Date 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Paul D. Gaspar		Date of Receipt MM / DD / YYYY 07 / 23 / 2008		
	Mailing Address 748 Lynwood Drive		Transaction ID: 25632897		
	City Encinitas	State CA	Zip Code 92024-2389	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gaspar Physical Therapy	Occupation PT	Aggregate Year-to-Date 3500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1016.67
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 25 / 59

(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)

Michael H. Morgan

Mailing Address 264 Heights Road

City State Zip Code
Darien CT 06820-4122

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

Name of Employer Occupation
Darien Physical Therapy Center PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: 25633106

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Julie Lee Rosen

Mailing Address 445 Park Avenue

City State Zip Code
Glencoe IL 60022-1527

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

Name of Employer Occupation
Sava Senior Care PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 635.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: 25633159

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nancy B. Reese

Mailing Address 3335 Chimney Rock

City State Zip Code
Conway AR 72034-3314

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

Name of Employer Occupation
University of Central Arkansas PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: 25633202

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Dr. Cynthia C. Zada, DPT		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 4 South Meadow Ridge		Transaction ID: 25633422
City Concord	State MA	Zip Code 01742-3000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MGHIHP	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Stefanie Dimer Palma		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 1691 Windsor Chase Ct		Transaction ID: 25633558
City Lawrenceville	State GA	Zip Code 30043-4365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NGCSU	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Pamela G Unger		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 443 Wentz St		Transaction ID: 25633963
City Kutztown	State PA	Zip Code 19530-1033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Cellfication Inc.	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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 27 / 59
(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)
Charles J. Gulas

Mailing Address 2054 Wild Horse Creek Rd

City State Zip Code
Wildwood MO 63038-1202

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

Name of Employer Occupation
Maryville University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 25634070

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Robert Whitton

Mailing Address 10181 Perry Lake Rd

City State Zip Code
Clarkston MI 48348-2011

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

Name of Employer Occupation
TheraMatrix PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 25634767

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Adele W. Potter

Mailing Address 1402 Patten Mills Rd

City State Zip Code
Fort Ann NY 12827-1721

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
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: 25643081

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 28 / 59
	<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) Pamela Kay Petsopoulos	Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address 9046 Merrimoor Blvd	Transaction ID: 25649806
	City State Zip Code Largo FL 33777-3140	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Helen M. Balzli	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 13111 Hooper Road	Transaction ID: 25654118
	City State Zip Code Baton Rouge LA 70818-3522	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Central Rehab Clinic	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

C.	Full Name (Last, First, Middle Initial) Gerad Anthony Robertson	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 45483 277th Street	Transaction ID: 25654119
	City State Zip Code Parker SD 57053-5637	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Des Moines University	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 59
	<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) Lisa Marie Machotka		Date of Receipt
	Mailing Address 661 Westport Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 28 / 2008
	City	State	Zip Code
	Port Edwards	WI	54469-1176
	FEC ID number of contributing federal political committee. C		Transaction ID: 25654120
Name of Employer Roberts 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"/> 50.00
		<input type="text"/> 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. William D. Bandy		Date of Receipt
	Mailing Address PTC 30		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 28 / 2008
	City	State	Zip Code
	Conway	AR	72035-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 25654121
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"/> 50.00
		<input type="text"/> 885.00	

C.	Full Name (Last, First, Middle Initial) Elaine M. Muntzer		Date of Receipt
	Mailing Address 681 Arbor Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 28 / 2008
	City	State	Zip Code
	Warminster	PA	18974-2112
	FEC ID number of contributing federal political committee. C		Transaction ID: 25654125
Name of Employer Hand & Orthopedic PT Associates		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 59
(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)
Louis Carreon

Mailing Address 100 Porter Rd Suite 197

City Pottstown State PA Zip Code 19464-3240

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 28 / 2008

Transaction ID: 25654136

Amount of Each Receipt this Period 100.00

B.

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 ▼ 350.00

Date of Receipt 07 / 28 / 2008

Transaction ID: 25654141

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Jay H. Segal

Mailing Address 1537 Bent River Circle

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 ▼ 700.00

Date of Receipt 07 / 28 / 2008

Transaction ID: 25654144

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: (check only one)	PAGE 31 / 59
	<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. Lynda D. Brown		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 850 Road 5		Transaction ID: 25654159
City Powell	State WY	Zip Code 82435-8422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Advantage Rehab	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Dr. Kathleen Ann Luedtke-Hoffmann		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 2722 Woods Lane		Transaction ID: 25654160
City Garland	State TX	Zip Code 75044-2808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Texas Women's University	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Rick Anthony Gawenda		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 7913 Creek Bend Drive		Transaction ID: 25654161
City Ypsilanti	State MI	Zip Code 48197-6204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Detroit Medical Center	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 59
(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. Kenneth Scott Call

Mailing Address 1408 N Louisiana Street Ste 104A

City State Zip Code
Kennewick WA 99336-7167

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

Name of Employer Occupation
West Kennewick Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 25654779

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 62944 Sunset Drive

City State Zip Code
Nevada IA 50201-7947

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

Name of Employer Occupation
21st Century Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 25654922

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Erica Lynne Clark

Mailing Address 4947 SW Forney Street

City State Zip Code
Seattle WA 98116-3221

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

Name of Employer Occupation
Therapeutic Associates PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 25654975

Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 33 / 59
	<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) Thomas DiAngelis		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 5382 Cox Smith Road Suite A		Transaction ID: 25655112
	City Mason	State OH	Zip Code 45040-6803
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Comprehensive Physical Therapy Center	Occupation PT	Aggregate Year-to-Date 770.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Patrick Donovan Graham		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address PO Box 8068		Transaction ID: 25655209
	City Columbus	State GA	Zip Code 31908-8068
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer HPRC	Occupation PT	Aggregate Year-to-Date 1750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mr. Raymond C. Menhard		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 160 Lilac Ln		Transaction ID: 25655260
	City Greenville	State MS	Zip Code 38701-7319
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self-Employed	Occupation PT	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 34 / 59
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address 6143 Whimbrelwood Dr

City State Zip Code
Lithia FL 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 ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 25655603

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Craig A. Moore

Mailing Address PO Box 160453

City State Zip Code
Altamonte Springs FL 32716-0453

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

Name of Employer Florida Hospital Rehabilitation & Spor Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 25655604

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Kathleen K. Mairella

Mailing Address 256 Whitford Avenue

City State Zip Code
Nutley NJ 07110-1820

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
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 25655664

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **192.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 / 59
<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) Paul O. Kraushaar		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 1737 Arbor Oaks Drive		Transaction ID: 25655670
	City Muscatine	State IA	Zip Code 52761-2623
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Muscatine Physical Therapy Services		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Arthur Clarence Bronsord		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 16917 Ketocin Church Road		Transaction ID: 25655999
	City Purcellville	State VA	Zip Code 20132-3542
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer State of the Art Physical Therapy		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) James M. Syms		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address PO Box 406		Transaction ID: 25656012
	City Lake Arrowhead	State CA	Zip Code 92352-0406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Loma Linda University		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional)	375.00
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 36 / 59
(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)
Olive Whitehead

Mailing Address PO Box 37

City State Zip Code
Jackson AL 36545-0037

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

Name of Employer Health Actions Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1550.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 25656013

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John Hendrickson

Mailing Address 8911 N Port Washington Road

City State Zip Code
Milwaukee WI 53217-1634

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

Name of Employer Sport Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 25656014

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 5400 Kennedy Avenue

City State Zip Code
Cincinnati OH 45213-2664

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 25656015

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 59
(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)
Paul Joseph Welk

Mailing Address 278 Walnut Street

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 ▼ 350.00

Date of Receipt 07 / 28 / 2008
Transaction ID: 25656078
 Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carin Shuler

Mailing Address 9330 Gum Tree Dr

City Corona State CA Zip Code 92883-5007

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

Name of Employer Inland Empire Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 28 / 2008
Transaction ID: 25656080
 Amount of Each Receipt this Period 100.00

C.

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

Mailing Address PO Box 1192

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1785.00

Date of Receipt 07 / 28 / 2008
Transaction ID: 25656081
 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 38 / 59

(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)

Raymond George Herschleb

Mailing Address W233 N6767 Candlewick Dr

City State Zip Code
Sussex WI 53089-5305

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

Name of Employer Occupation
Life Speed PT PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 25656083

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey W. Hathaway

Mailing Address 8370 Boyko Farm

City State Zip Code
Cicero NY 13039-8694

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

Name of Employer Occupation
ProActive PT PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 25656084

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms. Julie Ann Dresch

Mailing Address 12042 Se 186th St

City State Zip Code
Renton WA 98058-6615

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

Name of Employer Occupation
Therapeutic Associates PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 25656085

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 59
(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)
Judith Hickes

Mailing Address 111 Rothsville Station Road

City State Zip Code
Lititz PA 17543-8882

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

Name of Employer Occupation
BHB Rehab Services PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: 25656086

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mark Edward Reitz

Mailing Address 10 Glen Meadow Dr

City State Zip Code
Glen Mills PA 19342-1825

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: 25656889

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William P. Nash, Jr.

Mailing Address 1719 Clawson

City State Zip Code
Alton IL 62002-4702

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

Name of Employer Occupation
Alton Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: 25656891

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: (check only one)	PAGE 40 / 59
	<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) Cathy H. Ciolek		Date of Receipt
	Mailing Address 120 Churchill Lane		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmington	DE	19808-4319
	FEC ID number of contributing federal political committee.		Transaction ID: 25677804
		Amount of Each Receipt this Period	
		<input type="text" value="100.00"/>	
Name of Employer University of Delaware		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="385.00"/>	

B.	Full Name (Last, First, Middle Initial) Michael Ward, III		Date of Receipt
	Mailing Address 31 W Grove St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Middleboro	MA	02346-1806
	FEC ID number of contributing federal political committee.		Transaction ID: 25687601
		Amount of Each Receipt this Period	
		<input type="text" value="500.00"/>	
Name of Employer Self-Employed		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Neva F Greenwald		Date of Receipt
	Mailing Address PO Box 4823		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Jackson	MS	39296-4823
	FEC ID number of contributing federal political committee.		Transaction ID: 25802928
		Amount of Each Receipt this Period	
		<input type="text" value="100.00"/>	
Name of Employer University of Mississippi Medical Cent		Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="205.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="21009.67"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 41 / 59	
	(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		M M / D D / Y Y Y Y 07 / 31 / 2008		
	City Alexandria	State VA	Zip Code 22314	Transaction ID: 25691778	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.49		
	Name of Employer	Occupation			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1863.55			

SUBTOTAL of Receipts This Page (optional)	▶	111.49
TOTAL This Period (last page this line number only)	▶	111.49

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) Mike Crapo For Us Senate	Transaction ID: 25651915 Date of Disbursement 07 / 25 / 2008
	Mailing Address PO Box 1948	Amount of Each Disbursement this Period 2000.00
	City Boise State ID Zip Code 83701	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Michael Crapo	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	
B.	Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.	Transaction ID: 25651916 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 321	Amount of Each Disbursement this Period 1000.00
	City Pawtucket State RI Zip Code 02860	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Patrick Kennedy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 01	
C.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 25651918 Date of Disbursement 07 / 25 / 2008
	Mailing Address 76 Magnolia Terrace	Amount of Each Disbursement this Period 1000.00
	City Springfield State MA Zip Code 01108	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Richard Neal	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02	

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 43 / 59

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) David Scott For Congress	Transaction ID: 25651919 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 960821	Amount of Each Disbursement this Period 1000.00
	City Riverdale State GA Zip Code 30296	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. David Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Latham For Congress	Transaction ID: 25651930 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 71 PO Box 71	Amount of Each Disbursement this Period 1000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Tom Latham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Walberg For Congress	Transaction ID: 25651951 Date of Disbursement 07 / 25 / 2008
	Mailing Address 6769 Teachout Rd.	Amount of Each Disbursement this Period 2000.00
	City Tipton State MI Zip Code 49287	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Timothy Walberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <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)

<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) Mike Rogers For Congress	Transaction ID: 25651952 Date of Disbursement 07 / 25 / 2008
	Mailing Address 123 East 13th Street	Amount of Each Disbursement this Period 2000.00
	City Anniston State AL Zip Code 36201	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Michael D. Rogers	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) The Good Fund	Transaction ID: 25651953 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 3404	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22302	011 Category/ Type
	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Kendrick Meek Campaign For Congress	Transaction ID: 25651954 Date of Disbursement 07 / 25 / 2008
	Mailing Address 111 Nw 183rd Street Suite 325	Amount of Each Disbursement this Period 2500.00
	City Miami State FL Zip Code 33169	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Kendrick Meek	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 59

<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) Boustany for Congress <hr/> Mailing Address P.O. Box 80126 <hr/> City State Zip Code Lafayette LA 70598 <hr/> Purpose of Disbursement 011 Candidate Name Charles Boustany <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	Transaction ID: 25651955 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress <hr/> Mailing Address P.O. Box 819 PO Box 819 <hr/> City State Zip Code Amherst MA 01004 <hr/> Purpose of Disbursement 011 Candidate Name Mr. John Olver <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 01	Transaction ID: 25651985 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Latourette For Congress Committee <hr/> Mailing Address 320 Kenarden Dr. <hr/> City State Zip Code Highland Hts. OH 44143 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Steven C. LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14	Transaction ID: 25651997 Date of Disbursement 07 / 25 / 2008 <hr/> 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)

A.	Full Name (Last, First, Middle Initial) Re-Elect MCGovern Committee	Transaction ID: 25651999 Date of Disbursement 07 / 25 / 2008
	Mailing Address PO Box 60405	Amount of Each Disbursement this Period 2500.00
	City Worcester State MA Zip Code 01606	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. James McGovern	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Cathy McMorris for Congress	Transaction ID: 25652000 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 137	Amount of Each Disbursement this Period 1000.00
	City Spokane State WA Zip Code 99210	011 Category/ Type
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Clay Jr. For Congress	Transaction ID: 25652001 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 4544 Suite 300	Amount of Each Disbursement this Period 1500.00
	City St. Louis State MO Zip Code 63108	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. William Clay	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Don Payne For Congress	Transaction ID: 25652002 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 2406	Amount of Each Disbursement this Period 1000.00
	City Newark State NJ Zip Code 07114	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Donald Payne	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Kerry For Senate	Transaction ID: 25652013 Date of Disbursement 07 / 25 / 2008
	Mailing Address 10 G Street Ne Suite 710	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. John F. Kerry	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Davis Victory Fund	Transaction ID: 25652014 Date of Disbursement 07 / 25 / 2008
	Mailing Address PO Box 781	Amount of Each Disbursement this Period 1000.00
	City Johnson City State TN Zip Code 37605	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. David Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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) King for Congress</p> <p>Mailing Address 10582 Canterbury Road Suite 350</p> <p>City Fairfax Station State VA Zip Code 22039</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 05</p>	<p>Transaction ID: 25652026 Date of Disbursement <table border="1" style="width: 100%;"> <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>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	5		2	0	0	8													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Gard For Congress</p> <p>Mailing Address PO Box 277</p> <p>City Green Bay State WI Zip Code 54305</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. John Gard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 08</p>	<p>Transaction ID: 25652040 Date of Disbursement <table border="1" style="width: 100%;"> <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>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	5		2	0	0	8													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Lincoln Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 21</p>	<p>Transaction ID: 25652042 Date of Disbursement <table border="1" style="width: 100%;"> <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>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	5		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Mario Diaz-Balart for Congress

Mailing Address P.O. Box 2601

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement

Category/
Type

Candidate Name
Mario Diaz-Balart

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: FL District: 25

Transaction ID: 25652044
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 830 Ne Holladay Suite 105

City State Zip Code
Portland OR 97232

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. Earl Blumenauer

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OR District: 03

Transaction ID: 25652049
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City State Zip Code
Washington DC 20005

Purpose of Disbursement

Category/
Type

Candidate Name
Mary Landrieu

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: DC District:

Transaction ID: 25652060
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Betty Sutton For Congress <hr/> Mailing Address 1700 W. Market St. #155 <hr/> City Akron State OH Zip Code 44313 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 13	Transaction ID: 25652061 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) Charlie Dent for Congress <hr/> Mailing Address P.O. Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement 011 Candidate Name Charlie Dent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15	Transaction ID: 25652072 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Walden For Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Gregory Walden Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 02	Transaction ID: 25652073 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">5000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Griffith For Congress	Transaction ID: 25652085 Date of Disbursement
	Mailing Address PO Box 2619	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="25"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="08"/> <input type="text" value="08"/>
	City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Defazio For Congress	Transaction ID: 25652332 Date of Disbursement
	Mailing Address PO Box 1316	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="25"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="08"/> <input type="text" value="08"/>
	City Springfield State OR Zip Code 97477	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: OR District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 25652333 Date of Disbursement
	Mailing Address PO Box 40158	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="25"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="08"/> <input type="text" value="08"/>
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress <hr/> Mailing Address 1600 Roosevelt Avenue Suite 804 <hr/> City Niles State OH Zip Code 44446 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Timothy J. (Tim) Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 17	Transaction ID: 25652344 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) SNOW PAC <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 25652355 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) Chambliss For Senate <hr/> Mailing Address Post Office Box 12469 <hr/> City Atlanta State GA Zip Code 30355 <hr/> Purpose of Disbursement 011 Candidate Name Saxby Chambliss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	Transaction ID: 25652409 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

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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) Friends Of Lois Capps <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 <hr/> Purpose of Disbursement 011 Candidate Name Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22	Transaction ID: 25652434 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Porter For Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Jon C. Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 03	Transaction ID: 25652435 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress <hr/> Mailing Address PO Box 24551 <hr/> City Pttsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Tim Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	Transaction ID: 25652436 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Our Congress PAC <hr/> Mailing Address P.O. Box 344 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25652437 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Thelma Drake for Congress <hr/> Mailing Address P.O. Box 61480 <hr/> City Virginia Beach State VA Zip Code 23456 <hr/> Purpose of Disbursement Candidate Name Thelma Drake <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25652438 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. For Congress <hr/> Mailing Address P. O. Box 909 <hr/> City Columbus State GA Zip Code 31902 <hr/> Purpose of Disbursement Candidate Name Rep. Sanford D. Bishop, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25652439 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Sestak For Congress <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Joe Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	Transaction ID: 25652440 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Dave Wu For Us Congress <hr/> Mailing Address 818 Sw Third Ave. #1182 <hr/> City Portland State OR Zip Code 97204 <hr/> Purpose of Disbursement 011 Candidate Name Mr. David Wu Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 01	Transaction ID: 25652451 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Gerlach for Congress <hr/> Mailing Address P.O. Box 2776 <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement 011 Candidate Name James Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: 25652453 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00

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)

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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) Geoff Davis for Congress	Transaction ID: 25652475 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 2776	Amount of Each Disbursement this Period 1500.00
	City Arlington State VA Zip Code 22202	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Geoff Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota	Transaction ID: 25652479 Date of Disbursement 07 / 25 / 2008
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 2000.00
	City Sioux Falls State SD Zip Code 57101	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Stephanie Herseth	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 25652489 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 1000.00
	City Livonia State MI Zip Code 48153	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Thaddeus G. McCotter	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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) Doggett For Us Congress		Transaction ID: 25652490	
	Mailing Address 1157 San Bernard		Date of Disbursement 07 / 25 / 2008	
	City Austin	State TX	Zip Code 78702	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Lloyd Doggett		Disbursement For: 2008		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 10				
B.	Full Name (Last, First, Middle Initial) Nita Lowey For Congress		Transaction ID: 25652492	
	Mailing Address PO Box 271		Date of Disbursement 07 / 25 / 2008	
	City White Plains	State NY	Zip Code 10605	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Nita Lowey		Disbursement For: 2008		
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: NY District: 18				
C.	Full Name (Last, First, Middle Initial) Kirk For Congress		Transaction ID: 25652493	
	Mailing Address P.O. Box 8		Date of Disbursement 07 / 25 / 2008	
	City Winnetka	State IL	Zip Code 60093	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Mark Kirk		Disbursement For: 2008		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 10				

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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) Coffman For Congress Inc.	Transaction ID: 25657694 Date of Disbursement 07 / 29 / 2008
	Mailing Address 9249 South Broadway Blvd. #200-501	Amount of Each Disbursement this Period 3000.00
	City Highlands Ranch State CO Zip Code 80129	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Mike Coffman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Joan Fitz-Gerald For Congress Committee	Transaction ID: 25657695 Date of Disbursement 07 / 29 / 2008
	Mailing Address Box 401 9975 Wadsworth Parkway Unit K-2	Amount of Each Disbursement this Period 2000.00
	City Westminster State CO Zip Code 80021	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Joan Fitz-Gerald	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

83000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Jamie Boomgarden for State House

Mailing Address 27348 461st Avenue

City State Zip Code
Chancellor SD 57015

Purpose of Disbursement
Jamie Boomgarden, STATE HOUSE 17th SD

Candidate Name
Jamie Boomgarden

Office Sought: House
 Senate
 President

State: SD District: 17

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 25651981

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

2500.00

Jamie Boomgarden, STATE
HOUSE 17th SD

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00