

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		497652.27
(b) Cash on Hand at Beginning of Reporting Period.....	389272.47	
(c) Total Receipts (from Line 19)	92637.20	314136.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	481909.67	811788.75
7. Total Disbursements (from Line 31).....	80500.00	410379.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	401409.67	401409.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39853.36	135059.54
(ii) Unitemized	52746.65	176844.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	92600.01	311904.39
(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)	92600.01	311904.39
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.19	232.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	92637.20	314136.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92637.20	314136.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	403740.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(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	500.00
29. Other Disbursements	2000.00	6139.08
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	80500.00	410379.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80500.00	410379.08

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	92600.01	311904.39
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92600.01	311404.39
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: PAGE 6 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Ann Giffin

Mailing Address 8949 Wesley Pl

City State Zip Code
 Knoxville TN 37922-5916

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

Name of Employer Occupation
 University of Tennessee PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 02 / 2014
Transaction ID : 60044074

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Marilyn S. Hargrove

Mailing Address 3100 Hill Haven Ln

City State Zip Code
 Columbia MO 65202-2652

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

Name of Employer Occupation
 University of Missouri PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 02 / 2014
Transaction ID : 60044312

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Paul Joseph Roubal

Mailing Address 3476 Fox Woods Ct

City State Zip Code
 W Bloomfield MI 48324-3265

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

Name of Employer Occupation
 PT Specialists PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 02 / 2014
Transaction ID : 60044522

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 7 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Raymond C. Menhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Lilac Ln
 City Greenville State MS Zip Code 38701-7319
 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 **06 / 02 / 2014**
Transaction ID : 60044524
 Amount of Each Receipt this Period **500.00**

B. Ms Jeanne Marie Gilbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Tuckers Run
 City Ledyard State CT Zip Code 06339-1000
 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 **1250.00**

Date of Receipt **06 / 05 / 2014**
Transaction ID : 60045405
 Amount of Each Receipt this Period **750.00**

C. Billy Butch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 Perry Hwy
 City Pittsburgh State PA Zip Code 15237-2123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physical Rehab Services Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 03 / 2014**
Transaction ID : 60073226
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 8 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mary S. Butch

Mailing Address 4463 McCaslin Ridge Dr

City Allison Park State PA Zip Code 15101-2165

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

Name of Employer Physical Rehab Services Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 03 / 2014
Transaction ID : 60073227

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Kate Burns

Mailing Address 1551 16th Ave E

City Seattle State WA Zip Code 98112-2806

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
 06 / 03 / 2014
Transaction ID : 60073228

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Dr Sheree Chapman York

Mailing Address 313 Delcris Ct

City Birmingham State AL Zip Code 35226-1978

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

Name of Employer CHSYS Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 05 / 2014
Transaction ID : 60079259

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Gabriel E. Yankowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7602 Cavalry Cir
 City Manlius State NY Zip Code 13104-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Camillus Health and Rehab Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2014
Transaction ID : 60083575
 Amount of Each Receipt this Period 250.00

B. Maria V. Gerlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 W End Ave Apt 12e
 City New York State NY Zip Code 10025-8408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 04 / 2014
Transaction ID : 60083576
 Amount of Each Receipt this Period 75.00

C. Ms Stacy Marie Menz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1405 Van Ness Ave Apt 204
 City San Francisco State CA Zip Code 94109-4644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Starfish Therapies Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2014
Transaction ID : 60083579
 Amount of Each Receipt this Period 50.00

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: (check only one)	PAGE 10 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr Robert Marston Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 587 E Greencreek Ct
 City Eagle State ID Zip Code 83616-3875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Therapeutic Associates Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 06 / 2014
Transaction ID : 60089428
 Amount of Each Receipt this Period 250.00

B. Karen Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 N Taylor Ave
 City Pierre State SD Zip Code 57501-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary's Healthcare Center Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 16 / 2014
Transaction ID : 60304265
 Amount of Each Receipt this Period 250.00

C. Steven Kenneth Korthuis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1824 Front St Ste A
 City Lynden State WA Zip Code 98264-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lynden Family Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 06 / 16 / 2014
Transaction ID : 60304266
 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: PAGE 11 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julie Theresa Paolino
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Mason Ln
 City Somers State CT Zip Code 06071-1687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integrated Rehabilitation Services Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60304267
 Amount of Each Receipt this Period
 500.00

B. Dr Richard C. Ritter
 Full Name (Last, First, Middle Initial)
 Mailing Address 28120 Riggs Ct
 City Hayward State CA Zip Code 94542-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60304278
 Amount of Each Receipt this Period
 500.00

C. Jennie Kane Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 1002 Abercorn Pl
 City Sherwood State AR Zip Code 72120-6502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Health Systems Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60305776
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 1769

City Middleburg State VA Zip Code 20118-1769

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

Name of Employer The Jackson Clinics Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : 60305779

Amount of Each Receipt this Period
 250.00

B. Mr Matthew Wayne Elrod
Full Name (Last, First, Middle Initial)

Mailing Address 4782 Farndon Ct

City Fairfax State VA Zip Code 22032-1913

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : 60305940

Amount of Each Receipt this Period
 20.84

C. Mandy Frohlich
Full Name (Last, First, Middle Initial)

Mailing Address 1363 Emerald Street, NE

City Washington State DC Zip Code 20002-5431

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

Name of Employer APTA Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : 60305942

Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional).....▶	291.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mary Jane Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Langleigh Way
 City Alexandria State VA Zip Code 22315-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APTA Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60305944
 Amount of Each Receipt this Period
 41.67

B. Ms Heather Lauren Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Quaker Hill Ct
 City Alexandria State VA Zip Code 22314-4742
 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 ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60305950
 Amount of Each Receipt this Period
 20.84

C. Michael Matlack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 19th Street South
 City Arlington State VA Zip Code 22204-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APTA Occupation Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60305951
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional).....▶	83.35
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Justin D Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 1st St S
 City State Zip Code
 Arlington VA 22204-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APTA PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 478.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : 60305953
 Amount of Each Receipt this Period
 41.67

B. Linda E Arslanian
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Bray St
 City State Zip Code
 Gloucester MA 01930-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Partners PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60394371
 Amount of Each Receipt this Period
 50.00

C. Jerry Arthur Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8534 Brittany Ct N
 City State Zip Code
 Indianapolis IN 46236-9015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Clarian Hospital PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60396936
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 341.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Colleen M Kigin
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Dale St
 City State Zip Code
 Swampscott MA 01907-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CIMIT PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60396937
 Amount of Each Receipt this Period
 125.00

B. Jennifer Elizabeth Green-Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Dorchester Rd
 City State Zip Code
 Rochester NY 14610-1320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nazareth College PT Department PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60405764
 Amount of Each Receipt this Period
 200.00

C. Carla Griffith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4422 Catlin Cir Unit B
 City State Zip Code
 Carpinteria CA 93013-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SB Cottage Hospital PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60405778
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Jane Eason
 Full Name (Last, First, Middle Initial)
 Mailing Address 4725 Hastings St
 City State Zip Code
 Metairie LA 70006-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LSUHSC PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60405797
 Amount of Each Receipt this Period
 250.00

B. Beth Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Ockley Dr
 City State Zip Code
 Shreveport LA 71105-2919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STAT Home Health PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1070.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60405799
 Amount of Each Receipt this Period
 1000.00

C. Ms Peggy DeCelle Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12413 S Land Ave
 City State Zip Code
 Oklahoma City OK 73170-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Oklahoma Health Sciences PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 60405802
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Cecilia Louise Graham		Date of Receipt
Mailing Address 653 Rockhurst Dr		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Birmingham	AL	35209-3156
FEC ID number of contributing federal political committee.		Transaction ID : 60405812
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
University of Alabama-Birmingham	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pamela White		Date of Receipt
Mailing Address 5559 Bayberry Cv		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Memphis	TN	38120-2443
FEC ID number of contributing federal political committee.		Transaction ID : 60408310
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
None	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr Timothy J. Coleman		Date of Receipt
Mailing Address 2510 Lawrence Ln		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Homewood	IL	60430-1634
FEC ID number of contributing federal political committee.		Transaction ID : 60410374
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
METT Therapy Services	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1300.00"/>
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 18 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Susan Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2790 Hunters Ridge Rd
 City Marion State IA Zip Code 52302-9645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Balanced Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 08 / 2014**
Transaction ID : 60418003
 Amount of Each Receipt this Period **50.00**

B. Mrs Susan M. Chalcraft
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 546
 City Kettle Falls State WA Zip Code 99141-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt. Carmel Hospital Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **06 / 08 / 2014**
Transaction ID : 60418004
 Amount of Each Receipt this Period **50.00**

C. Mr Alan B. Crothers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2388 W Cogburn St
 City Meridian State ID Zip Code 83642-7174
 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 **06 / 08 / 2014**
Transaction ID : 60418005
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ira Gorman
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 Mary Beth Rd
 City Evergreen State CO Zip Code 80439-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regis University Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 08 / 2014**
Transaction ID : 60418006
 Amount of Each Receipt this Period **100.00**

B. Mr Jeffrey Thomas Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8412 Mahan Dr
 City Tallahassee State FL Zip Code 32309-9686
 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 **06 / 08 / 2014**
Transaction ID : 60418007
 Amount of Each Receipt this Period **50.00**

C. Mr Arthur Clarence Bronsord
 Full Name (Last, First, Middle Initial)
 Mailing Address 16917 Ketocin Church Rd
 City Purcellville State VA Zip Code 20132-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State of the Art Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 08 / 2014**
Transaction ID : 60418008
 Amount of Each Receipt this Period **200.00**

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 20 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Connie Hauser
Full Name (Last, First, Middle Initial)

Mailing Address 235 S Main St

City Barbourville State KY Zip Code 40906-1117

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

Name of Employer Kentucky Physical Therapy & Rehab, Inc Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2014
Transaction ID : 60418010

Amount of Each Receipt this Period
 500.00

B. Donald Levine
Full Name (Last, First, Middle Initial)

Mailing Address 18 Highhawk Rd

City Portsmouth State RI Zip Code 02871-2253

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

Name of Employer Olympic Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2014
Transaction ID : 60418011

Amount of Each Receipt this Period
 50.00

C. Rodney A. Miyasaki
Full Name (Last, First, Middle Initial)

Mailing Address 324 E Holly Cir

City Sandy State UT Zip Code 84070-3436

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

Name of Employer Westwood Physical Therapy Clinic Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2014
Transaction ID : 60418012

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Kathleen Ann Luedtke-Hoffmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2722 Woods Ln
 City Garland State TX Zip Code 75044-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Women's University Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2014
Transaction ID : 60418013
 Amount of Each Receipt this Period
 100.00

B. Ms Susan W. Priestman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6575 N Tioga Way
 City Las Vegas State NV Zip Code 89131-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2014
Transaction ID : 60418015
 Amount of Each Receipt this Period
 100.00

C. Jerry Pumphrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Hickory Park Dr Ste 110
 City Glen Allen State VA Zip Code 23059-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progress Rehabilitation Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2014
Transaction ID : 60418016
 Amount of Each Receipt this Period
 250.00

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 22 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5136 Mount Ararat Dr

City San Diego State CA Zip Code 92111-3846

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

Name of Employer Retired Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 08 / 2014
Transaction ID : 60418018

Amount of Each Receipt this Period
100.00

B. Dr Kory J. Zimney
Full Name (Last, First, Middle Initial)

Mailing Address 4012 Glen Oaks Blvd

City Sioux City State IA Zip Code 51104-4315

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
06 / 08 / 2014
Transaction ID : 60418019

Amount of Each Receipt this Period
50.00

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

Mailing Address 1823 Landre Ct

City Burlington State WI Zip Code 53105-7603

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

Name of Employer P.T. Plus Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
06 / 15 / 2014
Transaction ID : 60418028

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: (check only one)	PAGE 23 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Susan A. Appling
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Physical Therapy
930 Madison Ave Room 656

City Memphis State TN Zip Code 38163-0001

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

Name of Employer University of Tennessee Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 15 / 2014
Transaction ID : 60418029

Amount of Each Receipt this Period
100.00

B. William L. Lois
Full Name (Last, First, Middle Initial)

Mailing Address 2121 S Kinnickinnic Ave Ste 3

City Milwaukee State WI Zip Code 53207-1364

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

Name of Employer Southern Lakes Physical Therapy, S.C. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2014
Transaction ID : 60418030

Amount of Each Receipt this Period
50.00

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

Mailing Address 13 Waterview Dr

City Amherst State NH Zip Code 03031-2109

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

Name of Employer Align Networks Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
06 / 15 / 2014
Transaction ID : 60418031

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr Jeremy Shane Angaran		Date of Receipt 06 / 15 / 2014 Transaction ID : 60418032
Mailing Address 7176 Kamilo St		Amount of Each Receipt this Period 50.00
City Honolulu	State HI	Zip Code 96825-1622
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	

Full Name (Last, First, Middle Initial) B. Mr Frank C. Fantazzi		Date of Receipt 06 / 15 / 2014 Transaction ID : 60418033
Mailing Address 4720 Lincrest Dr		Amount of Each Receipt this Period 100.00
City Brookfield	State WI	Zip Code 53045-1123
FEC ID number of contributing federal political committee. C		
Name of Employer PT Plus	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Bobbie S. Hurt		Date of Receipt 06 / 15 / 2014 Transaction ID : 60418036
Mailing Address 1810 Tremont St		Amount of Each Receipt this Period 100.00
City Galveston	State TX	Zip Code 77550-7904
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 ▼ 500.00	

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 25 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 60418038
 Amount of Each Receipt this Period
 50.00

B. Dr Jason Scott Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 3069 Tierra Mesa
 City State Zip Code
 Atascadero CA 93422-1569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Luis Sports Therapy & Orthopedic R PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 60418039
 Amount of Each Receipt this Period
 100.00

C. Mrs Amy Therese Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1423 Saint Charles St
 City State Zip Code
 Wauwatosa WI 53213-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 60418040
 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 26 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mark G. Snyder
Full Name (Last, First, Middle Initial)

Mailing Address 1423 Saint Charles St

City Wauwatosa State WI Zip Code 53213-2721

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

Name of Employer Occupation
PT Plus PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2014
Transaction ID : 60418041

Amount of Each Receipt this Period
50.00

B. Mr Paul G. Vidal
Full Name (Last, First, Middle Initial)

Mailing Address 5 Whitechapel Dr

City Mount Laurel State NJ Zip Code 08054-3315

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
06 / 15 / 2014
Transaction ID : 60418043

Amount of Each Receipt this Period
50.00

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

Mailing Address 429 High Rd

City Cary State IL Zip Code 60013-2630

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

Name of Employer Occupation
Cary Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 18 / 2014
Transaction ID : 60418044

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Charles E. Schulte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 E Algonquin Rd
 City Algonquin State IL Zip Code 60102-3084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diamond Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 21 / 2014
Transaction ID : 60418054
 Amount of Each Receipt this Period 300.00

B. Timothy Schell
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Nicklaus Ct
 City Grove City State PA Zip Code 16127-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 21 / 2014
Transaction ID : 60418055
 Amount of Each Receipt this Period 500.00

C. Drew G. Bossen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4191 Westcott Dr Ne
 City Iowa City State IA Zip Code 52240-7788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Rehab Associates Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 22 / 2014
Transaction ID : 60418063
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Julianne Courtenay
 Full Name (Last, First, Middle Initial)
 Mailing Address 23254 Cuestport Dr
 City Valencia State CA Zip Code 91354-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Therapeutic Associates Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 22 / 2014**
Transaction ID : 60418064
 Amount of Each Receipt this Period **50.00**

B. Thomas DiAngelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6003 Hazelwood Ln. SE
 City Bellevue State WA Zip Code 98006-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Physical Therapy Center Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 22 / 2014**
Transaction ID : 60418065
 Amount of Each Receipt this Period **100.00**

C. Zoe Fackelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Parrish St Ste A
 City Canandaigua State NY Zip Code 14424-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Country Physical Therapy & Sports Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 22 / 2014**
Transaction ID : 60418068
 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 29 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Ronald P. Eynaud
Full Name (Last, First, Middle Initial)

Mailing Address 30601 Hamilton Dr

City Exeter State CA Zip Code 93221-9690

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

Name of Employer PRO Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2014
Transaction ID : 60418069

Amount of Each Receipt this Period 100.00

B. Cristina M. Fauchaux
Full Name (Last, First, Middle Initial)

Mailing Address 4021 Pointe Ave

City Zachary State LA Zip Code 70791-7346

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

Name of Employer Moreau Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.76

Date of Receipt 06 / 22 / 2014
Transaction ID : 60418070

Amount of Each Receipt this Period 45.46

C. Patrick Donovan Graham
Full Name (Last, First, Middle Initial)

Mailing Address 6453 Spring Water Dr

City Columbus State GA Zip Code 31904-2982

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 ▼ 1500.00

Date of Receipt 06 / 22 / 2014
Transaction ID : 60418072

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 395.46

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 30 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 977 Giaroli St

City State Zip Code
 Memphis TN 38122-1934

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

Name of Employer Occupation
 Methodist Health PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 22 / 2014
Transaction ID : 60418073

Amount of Each Receipt this Period
 50.00

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

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

City State Zip Code
 Seymour IN 47274-3792

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

Name of Employer Occupation
 Progressive Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 22 / 2014
Transaction ID : 60418074

Amount of Each Receipt this Period
 100.00

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

Mailing Address 430 Hartley Pl

City State Zip Code
 Duluth MN 55803-2473

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

Name of Employer Occupation
 Workwell PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 22 / 2014
Transaction ID : 60418075

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 31 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr Joseph Michael King		Date of Receipt 06 / 22 / 2014 Transaction ID : 60418076
Mailing Address 900 Cleveland Ave		Amount of Each Receipt this Period 50.00
City Batavia	State IL	Zip Code 60510-2861
FEC ID number of contributing federal political committee. C		
Name of Employer Physical Therapy Advantage	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Aimee B. Klein		Date of Receipt 06 / 22 / 2014 Transaction ID : 60418077
Mailing Address 445 S 12th St Unit 1603		Amount of Each Receipt this Period 200.00
City Tampa	State FL	Zip Code 33602-3691
FEC ID number of contributing federal political committee. C		
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 ▼ 635.00	

Full Name (Last, First, Middle Initial) C. Jerry L. Klug		Date of Receipt 06 / 22 / 2014 Transaction ID : 60418079
Mailing Address 1475 1st Ave Sw		Amount of Each Receipt this Period 208.33
City Jacksonville	State AL	Zip Code 36265-3337
FEC ID number of contributing federal political committee. C		
Name of Employer AL Physical Rehab Service	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

SUBTOTAL of Receipts This Page (optional).....▶	458.33
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sandra Lee Norby
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 Holton Dr
 PO Box 921
 City Le Mars State IA Zip Code 51031-3757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Le Mars Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418080
 Amount of Each Receipt this Period
 250.00

B. Mr Paul Olinger Kraushaar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1737 Arbor Oaks Dr
 City Muscatine State IA Zip Code 52761-2623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muscatine Physical Therapy Services Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418081
 Amount of Each Receipt this Period
 50.00

C. Dr Eva Norman
 Full Name (Last, First, Middle Initial)
 Mailing Address 11144 Hillsboro Ave N
 City Champlin State MN Zip Code 55316-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Rehab Specialists Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418082
 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 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Pair		Date of Receipt MM / DD / YYYY 06 / 22 / 2014 Transaction ID : 60418083
Mailing Address 2603 G St		Amount of Each Receipt this Period 100.00
City Bakersfield	State CA	Zip Code 93301-2828
FEC ID number of contributing federal political committee. C		
Name of Employer Pair & Marotta 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	

Full Name (Last, First, Middle Initial) B. Kathleen M. Picard		Date of Receipt MM / DD / YYYY 06 / 22 / 2014 Transaction ID : 60418084
Mailing Address 2249 River Rd S		Amount of Each Receipt this Period 50.00
City Lakeland	State MN	Zip Code 55043-9775
FEC ID number of contributing federal political committee. C		
Name of Employer Big Stone Therapies	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) c. Ms Lydia C. Radosevich		Date of Receipt MM / DD / YYYY 06 / 22 / 2014 Transaction ID : 60418085
Mailing Address 439 Mechem Dr		Amount of Each Receipt this Period 50.00
City Ruidoso	State NM	Zip Code 88345-6813
FEC ID number of contributing federal political committee. C		
Name of Employer Ruidoso Physical Therapy	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 34 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Brett Alan Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 Wilson St
 City Amherst State WI Zip Code 54406-9040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roberts Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418086
 Amount of Each Receipt this Period
 100.00

B. Dr Reva P. Rauk
 Full Name (Last, First, Middle Initial)
 Mailing Address 8987 Northcove Dr
 City Park City State UT Zip Code 84098-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Utah Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418087
 Amount of Each Receipt this Period
 50.00

C. Julie Lee Rosen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 Elmwood Avenue Unit 806
 City Evanston State IL Zip Code 60201-4577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sava Senior Care Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418088
 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 35 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jay H. Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1537 Bent River Cir
 City Birmingham State AL Zip Code 35216-5394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HPRC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418089
 Amount of Each Receipt this Period
 100.00

B. Dr Kathryn B. Stenslie
 Full Name (Last, First, Middle Initial)
 Mailing Address 8907 River Rd
 City Columbus State GA Zip Code 31904-1123
 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418090
 Amount of Each Receipt this Period
 45.00

C. Jerre Van Den Bent
 Full Name (Last, First, Middle Initial)
 Mailing Address 3402 Harvard Ave
 City Dallas State TX Zip Code 75205-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Therapy 2000 Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60418093
 Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional).....▶	355.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul J. Welk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2461 Alydar Dr
 City Wexford State PA Zip Code 15090-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tucker Law Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 22 / 2014**
Transaction ID : 60418094
 Amount of Each Receipt this Period **50.00**

B. Paul A. Rockar Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3911 Murry Highlands Cir
 City Murrysville State PA Zip Code 15668-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2720.00**

Date of Receipt **06 / 23 / 2014**
Transaction ID : 60418278
 Amount of Each Receipt this Period **50.00**

C. Dr Michael Mattia
 Full Name (Last, First, Middle Initial)
 Mailing Address 199 Downes Ave
 City Staten Island State NY Zip Code 10312-4027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice/Beth Israel Med Ctr K Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 23 / 2014**
Transaction ID : 60418288
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional).....	120.00
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 37 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alan V. Meade
Full Name (Last, First, Middle Initial)

Mailing Address 1305 White St

City Kingsport State TN Zip Code 37664-2052

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

Name of Employer HMG Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2014**

Transaction ID : 60418290

Amount of Each Receipt this Period **100.00**

B. Ms Colette Pientok
Full Name (Last, First, Middle Initial)

Mailing Address 4303 Rose St Apt A

City Houston State TX Zip Code 77007-5780

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

Name of Employer Memorial Hermann Sports Medicine and R Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **06 / 23 / 2014**

Transaction ID : 60418299

Amount of Each Receipt this Period **30.00**

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

Mailing Address 916 W Minnehaha Pkwy

City Minneapolis State MN Zip Code 55419-1221

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

Name of Employer Premier Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **06 / 23 / 2014**

Transaction ID : 60418301

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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 38 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1402 Patten Mills Rd

City Fort Ann State NY Zip Code 12827-1721

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

Name of Employer Self-Employed Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
06 / 23 / 2014
Transaction ID : 60418303

Amount of Each Receipt this Period
200.00

B. Mr Samuel M Brown
Full Name (Last, First, Middle Initial)

Mailing Address 68 Oak Tree Ln

City Monticello State KY Zip Code 42633-2700

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

Name of Employer Monticello Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 26 / 2014
Transaction ID : 60419311

Amount of Each Receipt this Period
500.00

C. Diane Barrickman
Full Name (Last, First, Middle Initial)

Mailing Address 402 Vista De La Playa Ln

City Santa Barbara State CA Zip Code 93109-1701

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

Name of Employer Human Performance Center Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
06 / 26 / 2014
Transaction ID : 60419472

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1520.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr Nancy B. Reese
 Full Name (Last, First, Middle Initial)
 Mailing Address PTC Bldg Rm 303
 201 N Donaghey Ave
 City Conway State AR Zip Code 72035-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Central Arkansas Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419473
 Amount of Each Receipt this Period
100.00

B. Dode Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NE Park Plaza Dr Ste 246
 City Vancouver State WA Zip Code 98684-5874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PT On Call Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419474
 Amount of Each Receipt this Period
500.00

C. Dr Heather Elaine McCormack
 Full Name (Last, First, Middle Initial)
 Mailing Address 4576 Meadow Lakes Ln Nw
 City Rochester State MN Zip Code 55901-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419478
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carol Counts Likens
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 Fleets Island Drive
 City Memphis State TN Zip Code 38103-9019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of TN Health Science Ce Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 12 / 2014**
Transaction ID : 60419479
 Amount of Each Receipt this Period **500.00**

B. Kristin Von Nieda
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Warden Dr
 City Philadelphia State PA Zip Code 19129-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Temple University Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 12 / 2014**
Transaction ID : 60419480
 Amount of Each Receipt this Period **100.00**

C. Dr Joan-Alice Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 372 Willard Ave
 City Newington State CT Zip Code 06111-2319
 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 **06 / 12 / 2014**
Transaction ID : 60419481
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Dianne V. Jewell
 Full Name (Last, First, Middle Initial)
 Mailing Address 392 Lake Caroline Dr
 City Ruther Glen State VA Zip Code 22546-5025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Commonwealth University Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 06 / 12 / 2014
Transaction ID : 60419491
 Amount of Each Receipt this Period
 500.00

B. Dr William D. Bandy
 Full Name (Last, First, Middle Initial)
 Mailing Address 822 Cartier Ln
 City Little Rock State AR Zip Code 72211-5509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Central Arkansas Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 12 / 2014
Transaction ID : 60419495
 Amount of Each Receipt this Period
 50.00

C. Mr Robert A. Sellin
 Full Name (Last, First, Middle Initial)
 Mailing Address 397 Hays Blvd
 City Lexington State KY Zip Code 40509-4495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Electrophysiologic Testing Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 06 / 12 / 2014
Transaction ID : 60419496
 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: (check only one)	PAGE 42 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr Blake W. Stahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 337 Duane St
 City State Zip Code
 Glen Ellyn IL 60137-4373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alexian Brothers Medical Center PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419497
 Amount of Each Receipt this Period
 500.00

B. Jason Lamar Hazel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2206 Terrabrook Ln
 City State Zip Code
 Charleston SC 29412-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419499
 Amount of Each Receipt this Period
 500.00

C. Mr Scott Newton
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 S 3rd St
 City State Zip Code
 Pulaski TN 38478-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maury Regional Hospital PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419500
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Prof Pamela Ann Duffy
 Full Name (Last, First, Middle Initial)
 Mailing Address 28135 J Ave
 City State Zip Code
 Adel IA 50003-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wellmark BCBS PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419501
 Amount of Each Receipt this Period
 500.00

B. Stephen Tollefson
 Full Name (Last, First, Middle Initial)
 Mailing Address 14511 183rd Ave Ne
 City State Zip Code
 Woodinville WA 98072-9377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419502
 Amount of Each Receipt this Period
 250.00

C. Ms Jennifer Ann Lesko
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 2nd Ave W Apt 205
 City State Zip Code
 Seattle WA 98119-3771
 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 M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419506
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 44 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Karl Robert Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4275 Old New England Rd
 City State Zip Code
 Allison Park PA 15101-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60419507
 Amount of Each Receipt this Period
 500.00

B. Bruce John Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 NW 12th St
 City State Zip Code
 Plantation FL 33313-5922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rehab Consulting PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419509
 Amount of Each Receipt this Period
 500.00

C. Jay Greville Shaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 Northwoods Dr
 City State Zip Code
 Whitefish MT 59937-8159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Physical Therapy PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419510
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr Cornelia Lieb-Lundell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5567 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Augustine University - San Diego Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419512
 Amount of Each Receipt this Period
 500.00

B. Ms Nicole Terumi Taniguchi
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 143096
 City Anchorage State AK Zip Code 99514-3096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANMC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419513
 Amount of Each Receipt this Period
 500.00

C. Gina Pauline Otterbein
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Conran Dr
 City Coopersville State MI Zip Code 49404-1366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419514
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Wendy M. Featherstone
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 Caversham Woods
 City Pittsford State NY Zip Code 14534-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419515
 Amount of Each Receipt this Period
 500.00

B. Michael Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 S. West Street #516
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APTA Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419516
 Amount of Each Receipt this Period
 500.00

C. Dr Robert Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 10993 Raley Creek Dr S
 City Jacksonville State FL Zip Code 32225-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brooks Rehabilitation Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419517
 Amount of Each Receipt this Period
 125.00

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: PAGE 47 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 06 / 23 / 2014
Transaction ID : 60419518
 Amount of Each Receipt this Period 2500.00

B. Dr Lisa Kristine Saladin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Overcreek Ct
 City Mount Pleasant State SC Zip Code 29464-9490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 13 / 2014
Transaction ID : 60419519
 Amount of Each Receipt this Period 100.00

C. Dr Deborah Sue Larsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 W 10th Ave
 City Columbus State OH Zip Code 43210-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State Univ SAMP Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 13 / 2014
Transaction ID : 60419523
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Michael Muscarella		Date of Receipt
Mailing Address 2501 Kentucky Ave		M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014
City	State	Zip Code
Paducah	KY	42003-3813
FEC ID number of contributing federal political committee.		Transaction ID : 60419524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Baptist Health Paducah	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Robert Williams		Date of Receipt
Mailing Address 129 Rancho Corralitos Rd		M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014
City	State	Zip Code
Corralitos	CA	95076-1139
FEC ID number of contributing federal political committee.		Transaction ID : 60419526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Good Samaritan Hospital	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Dr Matthew R. Hyland		Date of Receipt
Mailing Address 39 Overlook Dr		M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014
City	State	Zip Code
Valhalla	NY	10595-2115
FEC ID number of contributing federal political committee.		Transaction ID : 60419527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self-Employed	PT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Robin Lee Dole
Full Name (Last, First, Middle Initial)

Mailing Address 19 Creek Ln

City Mount Royal State NJ Zip Code 08061-1039

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

Name of Employer Widener University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60419534

Amount of Each Receipt this Period
 500.00

B. Katherine S. Harris
Full Name (Last, First, Middle Initial)

Mailing Address 11 Quarry Dock Rd

City Branford State CT Zip Code 06405-4641

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

Name of Employer Quinnipiac University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : 60419543

Amount of Each Receipt this Period
 500.00

C. Patricia A. Traynor
Full Name (Last, First, Middle Initial)

Mailing Address 362 W Radcliffe Dr

City Claremont State CA Zip Code 91711-2837

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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : 60419544

Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sandra M. Riegor
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Coco Plum St
 City Marathon State FL Zip Code 33050-3803
 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 06 / 12 / 2014
Transaction ID : 60419545
 Amount of Each Receipt this Period 125.00

B. Ms Anne Slack
 Full Name (Last, First, Middle Initial)
 Mailing Address 1535 Unit B Raven Circle P.O. Box 1227
 City Estes Park State CO Zip Code 80517-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountaintop Physical Therapy, P.C. Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 23 / 2014
Transaction ID : 60423652
 Amount of Each Receipt this Period 250.00

C. Mr Thomas Michael Barba
 Full Name (Last, First, Middle Initial)
 Mailing Address 2513 Deerwood Cir
 City Midland State MI Zip Code 48642-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prohealth Rehabilitation Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 13 / 2014
Transaction ID : 60552503
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr Thomas Jerry Bohanon Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 5437 Wintergreen Rd
 City State Zip Code
 Glen Allen VA 23060-9236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 In Motion Physical Therapy PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60552641
 Amount of Each Receipt this Period
 250.00

B. Dr Barbara Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 6913 Nubian Ln
 City State Zip Code
 Austin TX 78739-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas State University PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60552644
 Amount of Each Receipt this Period
 100.00

C. Dr Matthew R. Hyland
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Overlook Dr
 City State Zip Code
 Valhalla NY 10595-2115
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 60554510
 Amount of Each Receipt this Period
 100.00

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 52 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark J. Bouziane
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Prince George Rd

City Richmond State VA Zip Code 23225-3214

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

Name of Employer HCA Retreat Hospital Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 06 / 13 / 2014
Transaction ID : 60556345

Amount of Each Receipt this Period 40.00

B. Paul A. Rockar Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3911 Murry Highlands Cir

City Murrysville State PA Zip Code 15668-1734

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

Name of Employer UPMC Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2670.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 60556405

Amount of Each Receipt this Period 120.00

C. Jessica Katherine Cozine-Lehman
Full Name (Last, First, Middle Initial)

Mailing Address 1135 Hill Mesa Ct

City Colorado Springs State CO Zip Code 80905-4256

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

Name of Employer Great Moves Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 60556467

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00

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 53 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr Parley Isaac Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 Broadway Blvd
 City Reno State NV Zip Code 89502-3045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soar Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 60570810
 Amount of Each Receipt this Period 250.00

B. Dr William H. Staples
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 Ironwood Dr
 City Carmel State IN Zip Code 46033-9200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Indianapolis Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 60570823
 Amount of Each Receipt this Period 40.00

C. Colleen E. Chancler
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N Kirklyn Ave
 City Upper Darby State PA Zip Code 19082-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2014
Transaction ID : 60570833
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	540.00
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 54 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr Bryan Thomas Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Us Highway 12 Ste 3
 City Baraboo State WI Zip Code 53913-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Life Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 28 / 2014
Transaction ID : 60570839
 Amount of Each Receipt this Period 41.67

B. Dr Debra Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Thunderbird Rdg
 City Norman State OK Zip Code 73026-8655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norman Regional Health System Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 60570866
 Amount of Each Receipt this Period 140.00

C. Mr James M. Dunleavy
 Full Name (Last, First, Middle Initial)
 Mailing Address 486 Cumberland Ave
 City Teaneck State NJ Zip Code 07666-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinitas Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 60570869
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 281.67
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 55 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Sandra J. Levi
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Forestway Dr
 City State Zip Code
 Deerfield IL 60015-4807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern University PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60570886
 Amount of Each Receipt this Period
 250.00

B. Dr Mary C. Hannah
 Full Name (Last, First, Middle Initial)
 Mailing Address 2925 Whitehart Ln
 City State Zip Code
 Raleigh NC 27606-9441
 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 ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60570928
 Amount of Each Receipt this Period
 180.00

C. Dr David Wood Milroy Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1179 Hurst Park Dr
 City State Zip Code
 Lawrenceville GA 30043-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercer University PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 60570932
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 580.00
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 56 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr Matthew Wayne Elrod		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : 60571139
Mailing Address 4782 Farndon Ct		Amount of Each Receipt this Period 20.84
City Fairfax	State VA	Zip Code 22032-1913
FEC ID number of contributing federal political committee. C		
Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) B. Mandy Frohlich		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : 60571144
Mailing Address 1363 Emerald Street, NE		Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002-5431
FEC ID number of contributing federal political committee. C		
Name of Employer APTA	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) C. Mary Jane Harris		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : 60571151
Mailing Address 6500 Langleigh Way		Amount of Each Receipt this Period 41.67
City Alexandria	State VA	Zip Code 22315-3454
FEC ID number of contributing federal political committee. C		
Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional).....▶	83.35
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 57 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms Heather Lauren Smith		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1105 Quaker Hill Ct		Transaction ID : 60571162
City Alexandria	State VA	Zip Code 22314-4742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) B. Michael Matlack		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 3908 19th Street South		Transaction ID : 60571167
City Arlington	State VA	Zip Code 22204-5114
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer APTA	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) C. Justin D Moore		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 4819 1st St S		Transaction ID : 60571170
City Arlington	State VA	Zip Code 22204-1315
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer APTA	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.04	

SUBTOTAL of Receipts This Page (optional).....▶	83.35
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 58 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr Ronald Andrew Toth
Full Name (Last, First, Middle Initial)

Mailing Address 31764 Casino Dr Ste 106

City Lake Elsinore State CA Zip Code 92530-4571

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

Name of Employer Rancho Physical Therapy, Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : 60571254

Amount of Each Receipt this Period
 500.00

B. Miss Erica Anne Meloe
Full Name (Last, First, Middle Initial)

Mailing Address 524 E 72nd St Apt 24F

City New York State NY Zip Code 10021-9802

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

Name of Employer Meloe & Gau Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2014
Transaction ID : 60599544

Amount of Each Receipt this Period
 1000.00

C. Ms Lynda D. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 850 Road 5

City Powell State WY Zip Code 82435-8422

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

Name of Employer Advantage Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2014
Transaction ID : 60599949

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 59 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Sharon L. Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5730 Marina Bay Dr
 City Shreveport State LA Zip Code 71119-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC-Shreveport Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt
 06 / 29 / 2014
Transaction ID : 60599950
 Amount of Each Receipt this Period
 100.00

B. Ms Jenelle Lauchman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9173 Smugglers Beach Ct
 City Las Vegas State NV Zip Code 89178-6273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt
 06 / 29 / 2014
Transaction ID : 60599954
 Amount of Each Receipt this Period
 62.50

C. Ms Angela Wilson Pennisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Sherman Ave
 City Evanston State IL Zip Code 60202-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LakeShore Sports Physical Therapy Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt
 06 / 29 / 2014
Transaction ID : 60599957
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	262.50
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 60 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms Lorena Pettet Payne
 Full Name (Last, First, Middle Initial)
 Mailing Address 7010 Camp Creek Rd
 City Manhattan State MT Zip Code 59741-8343
 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 **450.00**

Date of Receipt **06 / 29 / 2014**
Transaction ID : 60599958
 Amount of Each Receipt this Period **75.00**

B. Ms Kelly Marie Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 3069 Tierra Mesa
 City Atascadero State CA Zip Code 93422-1569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Luis Sports Therapy & Orthopedic R Occupation PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 29 / 2014**
Transaction ID : 60599960
 Amount of Each Receipt this Period **100.00**

C. Dr Gretchen A. Seif
 Full Name (Last, First, Middle Initial)
 Mailing Address 1970 Pierce St
 City Daniel Island State SC Zip Code 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 **300.00**

Date of Receipt **06 / 29 / 2014**
Transaction ID : 60599963
 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: (check only one)	PAGE 61 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cathleen M. Tarro		Date of Receipt MM / DD / YYYY 06 / 29 / 2014 Transaction ID : 60599964
Mailing Address 8301 44th St W		Amount of Each Receipt this Period 45.00
City University Place	State WA	Zip Code 98466-2305
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation PTA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Anne W Thompson		Date of Receipt MM / DD / YYYY 06 / 29 / 2014 Transaction ID : 60599967
Mailing Address 124 Cherryfield Ln		Amount of Each Receipt this Period 42.00
City Savannah	State GA	Zip Code 31419-9095
FEC ID number of contributing federal political committee. C	Name of Employer Armstrong State University	Occupation PT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

Full Name (Last, First, Middle Initial) C. Jason Paul Camblin		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 Transaction ID : 60631997
Mailing Address 1712 Melody Ln		Amount of Each Receipt this Period 250.00
City Wellington	State KS	Zip Code 67152-4733
FEC ID number of contributing federal political committee. C	Name of Employer Via - Christi Health	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).....▶	337.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 79
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Ms Constance E. Carlson

Mailing Address 10758 Molony Rd

City State Zip Code
Culver City CA 90230-5449

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

Name of Employer Occupation
Carlson Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 60632011

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	39853.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Candidate Name
Kelly Ayotte

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : 60418095

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Candidate Name
Sen. Michael F. Bennet

Office Sought: House
 Senate
 President
State: CO District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : 60418097

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Candidate Name
Rep. Tim Bishop

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : 60418098

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bonamici For Congress

Mailing Address 3321 Se 20th Ave

City Portland State OR Zip Code 97202

Purpose of Disbursement

011

Candidate Name

Suzanne Bonamici Ms.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418099

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011

Candidate Name

Andre Carson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418100

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Steve Cohen For Congress

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement

011

Candidate Name

Stephen Cohen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418101

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Connolly For Congress

Mailing Address 3706 Prado Place

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement

011

Candidate Name

Rep. Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418102

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Conyers For Congress

Mailing Address PO Box 70980

City State Zip Code
Washington DC 20024

Purpose of Disbursement

011

Candidate Name

Rep. John Conyers Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418103

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Defazio For Congress

Mailing Address PO Box 1316

City State Zip Code
Springfield OR 97477

Purpose of Disbursement

011

Candidate Name

Peter Defazio

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418105

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Charlie Dent For Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/Type

Candidate Name

Charlie Dent

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418106

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ron Desantis For Congress

Mailing Address PO Box 405

City Pointe Vedra State FL Zip Code 32004

Purpose of Disbursement

011

Category/Type

Candidate Name

Ronald Desantis

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: FL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418107

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Duckworth For Congress

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement

011

Category/Type

Candidate Name

L. Tammy Duckworth

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418108

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement

011

Candidate Name

Rep. Michael F. Doyle

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : 60418109

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

011

Candidate Name

Eliot Engel

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : 60418110

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Enyart For Congress

Mailing Address PO Box 308

City Belleville State IL Zip Code 62222

Purpose of Disbursement

011

Candidate Name

Rep. William Enyart

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : 60418111

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-PAC)

Full Name (Last, First, Middle Initial)

A. Elect Blake Farenthold Committee

Mailing Address P.O. Box 3369

City State Zip Code
Corpus Christi TX 78463

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Blake Farenthold

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418112

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 255

City State Zip Code
Kinderhook NY 12106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Christopher Gibson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418113

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City State Zip Code
Kansas City MO 64108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Samuel Graves

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418114

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Samuel Graves

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418115

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eddie Bernice Johnson For Congress

Mailing Address 3102 Maple Avenue, Suite 605

City Dallas State TX Zip Code 75201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eddie Bernice Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418116

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Bill Keating Committee

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Keating

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418117

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dan Kildee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418118

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nita Lowey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418119

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People For Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stevan Pearce

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418120

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mark Pocan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418121

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Keep Nick Rahall In Congress Committee

Mailing Address P O Box 64

City Beckley State WV Zip Code 25801

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nick Rahall II

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418122

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Keith Rothfus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418123

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Schneider For Congress

Mailing Address PO Box 1318

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bradley Schneider

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418124

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City State Zip Code
Dallas TX 75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418125

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418126

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement

011

Candidate Name

Louise Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418127

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Candidate Name

Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418128

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Valadao For Congress

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement

011

Candidate Name

David Valadao

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418129

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lipinski for Congress Cte.

Mailing Address P.O. Box 520

City Western Springs State IL Zip Code 60558

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dan Lipinski

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418130

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steny Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418131

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Glenn Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418132

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Mary Landrieu, Inc.

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mary Landrieu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418133

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Treasure State PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Treasure State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418134

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ann Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418135

Amount of Each Disbursement this Period

2000.00

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Donald M Payne Jr For Congress

Mailing Address PO Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Donald Payne Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418136

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ann Kuster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418137

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Leadership of Today and Tomorrow

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Leadership of Today and Tomorrow

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : 60418138

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418139

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Majority Committee

Mailing Address P.O. Box 10134

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement

011

Candidate Name

Majority Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418140

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Markey Committee; The

Mailing Address PO Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement

011

Candidate Name

Edward Markey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2014

Transaction ID : 60418141

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Loudermilk For Congress

Mailing Address PO Box 447

City Cassville State GA Zip Code 30123

Purpose of Disbursement

011

Candidate Name

Barry Loudermilk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 11

Runoff2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418142

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

011

Candidate Name

Earl Carter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Runoff2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418143

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Paul Demarco For Congress, Inc

Mailing Address PO Box 59088

City Homewood State AL Zip Code 35259

Purpose of Disbursement

011

Candidate Name

Paul Demarco

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 06

Runoff2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

Transaction ID : 60418144

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

1	2	5	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	8	5	0	0
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