

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr Justin Moore
Signature of Treasurer Electronically Filed by Mr Justin Moore Date 09 20 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		539912.17
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	525655.09									
(c) Total Receipts (from Line 19)	43313.29	421725.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	568968.38	961637.76								
7. Total Disbursements (from Line 31)	32000.00	424669.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	536968.38	536968.38								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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)	22477.99	186642.16
(ii) Unitemized	20702.23	233099.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43180.22	419741.51
(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)	43180.22	419741.51
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	25.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	133.07	959.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43313.29	421725.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43313.29	421725.59

DETAILED SUMMARY PAGE

of Disbursements

4 / 52

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	415365.45
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6500.00	9303.93
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32000.00	424669.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	424669.38

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43180.22	419741.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43180.22	419741.51
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	25.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-25.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mr Arthur Clarence Bronsord

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 08 / 19 / 2010

Transaction ID: 36024490

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Ms Jennifer Ann Lesko

Mailing Address 702 2nd Ave W Apt 205

City Seattle State WA Zip Code 98119-3771

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 ▼ 400.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046719

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Ms Sundi M. Hondl

Mailing Address 5055 E Fernwood Dr

City Wasilla State AK Zip Code 99654-4421

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

Name of Employer Excel Physical Therapy Ltd Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046726

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Mr Alan B. Crothers	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 2388 W Cogburn St	Transaction ID: 36046732
	City State Zip Code Meridian ID 83642-7174	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Brad A. Thuringer	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 1010 17th Ave S	Transaction ID: 36046752
	City State Zip Code Brookings SD 57006-4099	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lake Area Technical Institute Occupation PTA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00	

C.	Full Name (Last, First, Middle Initial) Ms Margaret M. Grey	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 10 Drummond Rd	Transaction ID: 36046753
	City State Zip Code Enfield CT 06082-2532	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Grey Physical Therapy Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	184.00
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 / 52
(check only one)

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

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

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

A.

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

Mailing Address 1537 Bent River Cir

City Birmingham State AL Zip Code 35216-5394

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

Name of Employer HPRC Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046759

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 445 Park Ave

City Glencoe State IL Zip Code 60022-1527

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

Name of Employer Sava Senior Care Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046760

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 12 9th St Apt 603

City Medford State MA Zip Code 02155-5165

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

Name of Employer Health Partners Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046769

Amount of Each Receipt this Period 50.00

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 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Dr Barbara Connolly

Mailing Address 10556 Graybourne Dr

City Eads State TN Zip Code 38028-9808

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 08 / 05 / 2010

Transaction ID: 36046770

Amount of Each Receipt this Period 100.00

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

Mailing Address 6143 Whimbrelwood Dr

City Lithia State FL Zip Code 33547-4101

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

Name of Employer Self-Employed Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046777

Amount of Each Receipt this Period 100.00

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

Mailing Address 129 Rancho Corralitos Rd

City Corralitos State CA Zip Code 95076-1139

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

Name of Employer Good Samaritan Hospital Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 36046798

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 325.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David D. Watson

Mailing Address 1730 W Point Cir

City State Zip Code
Indiana PA 15701-1553

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

Name of Employer Occupation
Phoenix Rehabilitation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36088058

Amount of Each Receipt this Period
525.00

B.

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

Mailing Address Box 52 UTMC
1924 Alcoa Hwy

City State Zip Code
Knoxville TN 37901-0052

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 ▼
268.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 36088064

Amount of Each Receipt this Period
43.00

C.

Full Name (Last, First, Middle Initial)
Pamela White

Mailing Address 1695 Peach Ave

City State Zip Code
Memphis TN 38112-5215

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

Name of Employer Occupation
None PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 36088067

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **618.00**

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

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

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

A. Full Name (Last, First, Middle Initial)
Shawn Kelsey Taylor

Mailing Address 3140 Wickersham Rd

City State Zip Code
Charlotte NC 28211-3225

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

Name of Employer Taylor Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36088070

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Nancy E. Byl

Mailing Address 12961 Skyline Blvd

City State Zip Code
Oakland CA 94619-3533

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

Name of Employer University of California-San Francisco Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 36088452

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard K. Wright

Mailing Address 824 W Lewis St Ste 204

City State Zip Code
Pasco WA 99301-5561

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

Name of Employer Columbia Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 36089269

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

A.	Full Name (Last, First, Middle Initial) Ms Kelly Reed		Date of Receipt
	Mailing Address 10215 SW Parkway Ste D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2010
	City	State	Zip Code
	Portland	OR	97225-5036
	FEC ID number of contributing federal political committee. C		Transaction ID: 36089347
Name of Employer Therapeutic Associates		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Mark Edward Reitz		Date of Receipt
	Mailing Address 10 Glen Meadow Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2010
	City	State	Zip Code
	Glen Mills	PA	19342-1825
	FEC ID number of contributing federal political committee. C		Transaction ID: 36089353
Name of Employer Self-Employed		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Ms Sharon L. Dunn		Date of Receipt
	Mailing Address 5730 Marina Bay Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2010
	City	State	Zip Code
	Shreveport	LA	71119-3918
	FEC ID number of contributing federal political committee. C		Transaction ID: 36106032
Name of Employer LSUHSC-Shreveport		Occupation PT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 385.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 52
(check only one)

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

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

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

A.

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

Mailing Address 5677 Oberlin Dr Ste 106

City San Diego State CA Zip Code 92121-1741

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

Name of Employer Comprehensive Therapy Services Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 08 / 12 / 2010

Transaction ID: 36209200

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 4191 Westcott Dr NE

City Iowa City State IA Zip Code 52240-7788

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

Name of Employer Progressive Rehab Associates Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2035.00

Date of Receipt 08 / 12 / 2010

Transaction ID: 36209201

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 4720 Lincrest Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 12 / 2010

Transaction ID: 36209203

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: PAGE 14 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 429 High Rd

City Cary State IL Zip Code 60013-2630

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

Name of Employer Cary Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 12 / 2010
Transaction ID: 36209204
 Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box 1192

City Seymour State IN Zip Code 47274-3792

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

Name of Employer Progressive Physical Therapy Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 12 / 2010
Transaction ID: 36209205
 Amount of Each Receipt this Period 250.00

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

Mailing Address 430 Hartley Pl

City Duluth State MN Zip Code 55803-2473

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

Name of Employer Workwell Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2010
Transaction ID: 36209213
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 52
(check only one)

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

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

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

A.

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

Mailing Address 1737 Arbor Oaks Dr

City State Zip Code
Muscatine IA 52761-2623

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

Name of Employer Occupation
Muscatine Physical Therapy Services PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209214

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1545 Verano Way

City State Zip Code
Nipomo CA 93444-9793

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

Name of Employer Occupation
PRO-PT PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209216

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Russell R. Nieland

Mailing Address 1420 London Rd Ste 102

City State Zip Code
Duluth MN 55805-2437

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

Name of Employer Occupation
Northern Arm & Hand Center PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209217

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

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

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

A.

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

Mailing Address 789 Holton Dr

City State Zip Code
Le Mars IA 51031-3757

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

Name of Employer Occupation
Le Mars Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209218

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 439 Mechem Dr

City State Zip Code
Ruidoso NM 88345-6813

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

Name of Employer Occupation
Ruidoso Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209219

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Cynthia J. Rankin

Mailing Address 15050 King Rd

City State Zip Code
Danvers IL 61732-8446

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

Name of Employer Occupation
Professional Therapy Services, Inc. PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209220

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Randy St. John

Mailing Address 317 S Drake Rd Ste C

City State Zip Code
Kalamazoo MI 49009-1171

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

Name of Employer Occupation
Spine Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209221

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Lynn A. Steffes

Mailing Address 12660 W Cherrytree Ln

City State Zip Code
New Berlin WI 53151-7600

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209274

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Paul J. Welk

Mailing Address 278 Walnut St

City State Zip Code
Blawnox PA 15238-3331

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

Name of Employer Occupation
Tucker Law PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209277

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: PAGE 18 / 52
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Mr James Edward Zachazewski

Mailing Address 47 Fuller Brook Ave

City State Zip Code
Needham MA 02492-1226

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

Name of Employer Occupation
Massachusetts General Hospital PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209286

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209287

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Ms Amy Christiaens Sanderson

Mailing Address 30905 S Pine Grove Rd

City State Zip Code
Cheney WA 99004-9306

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

Name of Employer Occupation
Apex Physical Therapy PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209337

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

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

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

A.	Full Name (Last, First, Middle Initial) Thomas DiAngelis	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 6670 Loveland Miamiville Rd	Transaction ID: 36209338
	City Loveland State OH Zip Code 45140-8732	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Comprehensive Physical Therapy Center Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 835.00	

B.	Full Name (Last, First, Middle Initial) Ms Jennifer Mahler Gamboa	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 865 N Nottingham St	Transaction ID: 36209339
	City Arlington State VA Zip Code 22205-1510	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Body Dynamics Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 800.00	

C.	Full Name (Last, First, Middle Initial) Nylin J Johnson	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 1188 Sportsplex Dr Ste 101	Transaction ID: 36209340
	City Kaysville State UT Zip Code 84037-9591	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mountain Land Rehab Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 800.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kathleen M Picard

Mailing Address 2249 River Rd S

City State Zip Code
Lakeland MN 55043-9775

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

Name of Employer Occupation
Big Stone Therapies PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 435.00

Date of Receipt

MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209341

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kathryn B. Stenslie

Mailing Address 6201 River Rd.
Apt. 205

City State Zip Code
Columbus GA 31904-4557

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

Name of Employer Occupation
PT Pros PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209391

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Margaret D. Soucek

Mailing Address 178 W Elm Ave

City State Zip Code
Mantua NJ 08051-1510

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

Name of Employer Occupation
UM Hospital PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36209392

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Ms Lynda D. Brown

Mailing Address 850 Road 5

City State Zip Code
Powell WY 82435-8422

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

Name of Employer Occupation
Advantage Rehab PT

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 36209393

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Lynne Ford

Mailing Address 557 Park St Apt 6

City State Zip Code
Lewiston ID 83501-2581

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

Name of Employer Occupation
St. Joseph Regional Medical Center PTA

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 36209395

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Anne-Marie Sirois

Mailing Address 10 Tatomuck Rd

City State Zip Code
Pound Ridge NY 10576-1429

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

Name of Employer Occupation
Self-Employed PT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 36209507

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 22 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Kathleen K. Mairella		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 256 Whitford Ave		Transaction ID: 36209508		
	City Nutley	State NJ	Zip Code 07110-1820	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00			

B.	Full Name (Last, First, Middle Initial) Mr Robert H. Clark, II		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 68 Mile Hill Rd S		Transaction ID: 36209509		
	City Newtown	State CT	Zip Code 06470-2360	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Dr Barbara Sanders		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 6913 Nubian Ln		Transaction ID: 36209510		
	City Austin	State TX	Zip Code 78739-2203	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Texas State University		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dennis P. Langton

Mailing Address 727 Live Oak Dr

City State Zip Code
El Cajon CA 92020-5633

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 36209511

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Susan Michlovitz

Mailing Address 15 Lisa Ln

City State Zip Code
Ithaca NY 14850-1762

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 36209512

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms Victoria S T Tilley

Mailing Address 1101 Bartlett Cir

City State Zip Code
Hillsborough NC 27278-6772

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 / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 36209516

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 24 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Kristin Von Nieda		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 3420 Warden Dr		Transaction ID: 36209587		
	City Philadelphia	State PA	Zip Code 19129-1418	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Temple University	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
600.00

B.	Full Name (Last, First, Middle Initial) Stephen McDavitt		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 55 Spring St Unit B		Transaction ID: 36209589		
	City Scarborough	State ME	Zip Code 04074-8926	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
600.00

C.	Full Name (Last, First, Middle Initial) Elmer Platz		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 418 Route 515		Transaction ID: 36209600		
	City Vernon	State NJ	Zip Code 07462-3027	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
335.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Rick Anthony Gawenda

Mailing Address 7913 Creek Bend Dr

City Ypsilanti State MI Zip Code 48197-6204

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

Name of Employer Detroit Medical Center Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 12 / 2010

Transaction ID: 36209601

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Gus F H Posthumus Meyjes

Mailing Address 8872 Professional Dr Ste C

City Cadillac State MI Zip Code 49601-8482

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

Name of Employer Dynamic Physical Therapy Occupation PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1535.00

Date of Receipt 08 / 12 / 2010

Transaction ID: 36209797

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Paul A. Hildreth

Mailing Address 930 Marengo St

City New Orleans State LA Zip Code 70115-2753

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 08 / 12 / 2010

Transaction ID: 36210096

Amount of Each Receipt this Period 100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John D. Barnes

Mailing Address 1005 Hardee Place

City State Zip Code
Alexandria VA 22304-1719

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

Name of Employer American Physical Therapy Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.52

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 36327589

Amount of Each Receipt this Period
38.47

B.

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

Mailing Address 4782 Farndon Ct

City State Zip Code
Fairfax VA 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 ▼
342.84

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 36327591

Amount of Each Receipt this Period
19.24

C.

Full Name (Last, First, Middle Initial)
Mary Jane Harris

Mailing Address 6500 Langleigh Way

City State Zip Code
Alexandria VA 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 ▼
307.84

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 36327593

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► **76.95**

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

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

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

FOR LINE NUMBER: PAGE 27 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 12551 Manderley Way

City Herndon State VA Zip Code 20171-1828

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 13 / 2010
Transaction ID: 36327594
 Amount of Each Receipt this Period 19.24

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

Mailing Address 400 Madison Street Unit 805

City Alexandria State VA Zip Code 22314-1747

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 13 / 2010
Transaction ID: 36327595
 Amount of Each Receipt this Period 40.00

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

Mailing Address 4819 1st St S

City Arlington State VA Zip Code 22204-1315

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

Name of Employer APTA Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 13 / 2010
Transaction ID: 36327596
 Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► 97.71

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 28 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steven J. Roth

Mailing Address 162 Whites Ln

City State Zip Code
Wheeling WV 26003-1308

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 36352521

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 748 Lynwood Dr

City State Zip Code
Encinitas CA 92024-2389

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

Name of Employer Gaspar Physical Therapy
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354083

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 5400 Kennedy Ave

City State Zip Code
Cincinnati OH 45213-2664

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

Name of Employer Self-Employed
Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354123

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 29 / 52
(check only one)

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

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

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

A.

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

Mailing Address 8911 N Port Washington Rd

City State Zip Code
Milwaukee WI 53217-1634

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

Name of Employer Occupation
Sport Clinic PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354125

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Daniel Lilley

Mailing Address 800 Compton Rd Unit 3

City State Zip Code
Cincinnati OH 45231-3846

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354128

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 124 Cherryfield Ln

City State Zip Code
Savannah GA 31419-9095

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

Name of Employer Occupation
Armstrong State University PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36354130

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **391.67**

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 30 / 52
(check only one)

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

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

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

A.

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

Mailing Address 1300 S Green Bay Rd Ste 205

City State Zip Code
Racine WI 53406-4469

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

Name of Employer P.T. Plus Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354131

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 241 Parrish St Ste A

City State Zip Code
Canandaigua NY 14424-1727

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

Name of Employer Lake Country Physical Therapy & Sports Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354138

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 5319 Manor Ct

City State Zip Code
Crestwood KY 40014-8845

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

Name of Employer Bellarmine University Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354142

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **260.00**

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 31 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Mr Greg Joseph LeBlanc

Mailing Address 16313 Spanish Ct

City

Greenwell Springs

State

LA

Zip Code

70739-5935

FEC ID number of contributing federal political committee.

C

Name of Employer
Baton Rouge Physical Therapy

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

356.68

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354145

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr William D. Bandy

Mailing Address PTC 300

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 ▼

455.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354149

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms Beth McKittrick-Bandy

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
Arkansas Children's Hospital

Occupation
PT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354151

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jeanine Marie Gunn
Mailing Address 6670 Loveland Miamiville Rd
City Loveland State OH Zip Code 45140-8732
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 ▼ 455.00
Date of Receipt 08 / 19 / 2010
Transaction ID: 36354153
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mary Lynn Wilson English
Mailing Address 1985 Blackhorse Ln
City Lexington State KY Zip Code 40503-3707
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Kentucky Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 19 / 2010
Transaction ID: 36354154
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Lisa Kristine Saladin
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 ▼ 1020.00
Date of Receipt 08 / 19 / 2010
Transaction ID: 36354155
Amount of Each Receipt this Period 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 52
(check only one)

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

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

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

A.

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

Mailing Address 201 Erie St Ste B

City State Zip Code
Grove City PA 16127-1659

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 ▼
3500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354156

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Kathleen Ann Luedtke-Hoffmann

Mailing Address 2722 Woods Ln

City State Zip Code
Garland TX 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 ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354157

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr Peter J McMenamini

Mailing Address 130 N Garland Ct Apt 3805

City State Zip Code
Chicago IL 60602-4836

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

Name of Employer Physical Therapy Chicago Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 36354165

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David Vincent Powers

Mailing Address 1583 Calle Patricia Ste 200

City State Zip Code
Pacific Palisades CA 90272-1942

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

Name of Employer Ultimate Rehab Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2010

Transaction ID: 36354195

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 443 Wentz St

City State Zip Code
Kutztown PA 19530-1033

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

Name of Employer Cellfication Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2010

Transaction ID: 36354209

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Abby Herzog Franco

Mailing Address 2609 W Woolbright Rd Ste 4A

City State Zip Code
Boynton Beach FL 33436-6634

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

Name of Employer Boynton Sport and Back PT 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
08 / 04 / 2010

Transaction ID: 36363040

Amount of Each Receipt this Period
500.00

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: PAGE 35 / 52
(check only one)

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

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

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

A.

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

Mailing Address 901 Hinman Ave Apt 2F

City State Zip Code
Evanston IL 60202-1820

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

Name of Employer Occupation
LakeShore Sports Physical Therapy PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36393167

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Steven V Sopher

Mailing Address 283 Lockhaven Dr Ste 315

City State Zip Code
Houston TX 77073-5519

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

Name of Employer Occupation
Ergo Rehab PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: 36402058

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Dr Aimee B. Klein

Mailing Address 15 Boatswains Way

City State Zip Code
Chelsea MA 02150-4017

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

Name of Employer Occupation
MGH Institute of Health Professions PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36418003

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

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

A.

Full Name (Last, First, Middle Initial)
Ms Michelle T. Nesin

Mailing Address 540 Hughes Rd Ste 8

City Madison State AL Zip Code 35758-8959

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

Name of Employer Nesin Physical Therapy Service Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 26 / 2010

Transaction ID: 36418401

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mr Warren Dean McCall

Mailing Address 110 W Academy St

City Williamston State NC Zip Code 27892-2060

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

Name of Employer Roanoke Therapeutic Services, Inc. Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt 08 / 26 / 2010

Transaction ID: 36418628

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Nicole Terumi Taniguchi

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 ▼ 370.00

Date of Receipt 08 / 26 / 2010

Transaction ID: 36418802

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: PAGE 37 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Maryann Russo

Mailing Address 3632 Wildwood St

City Yorktown Heights State NY Zip Code 10598-1129

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

Name of Employer Northern Westchester-Putnam PT Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 26 / 2010
Transaction ID: 36419622
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr Nancy B. Reese

Mailing Address 201 S Donaghey Avenue, Ptc 303

City Conway State AR Zip Code 72035-5001

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 ▼ 700.00

Date of Receipt 08 / 26 / 2010
Transaction ID: 36420249
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Eric Winfred Jackson

Mailing Address 3662 Inwood Ave

City New Orleans State LA Zip Code 70131-8404

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 08 / 26 / 2010
Transaction ID: 36420414
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Beth Whitehead		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address PO Box 37		Transaction ID: 36420897		
	City Jackson	State AL	Zip Code 36545-0037	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Actions	Occupation PT	Aggregate Year-to-Date 1650.00		

B.	Full Name (Last, First, Middle Initial) Michael Sean Hampton		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 10585 Santa Monica Blvd Ste 100		Transaction ID: 36421372		
	City Los Angeles	State CA	Zip Code 90025-4984	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ADI Rehab	Occupation PT	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Steven Cassabaum		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 62944 Sunset Dr		Transaction ID: 36421510		
	City Nevada	State IA	Zip Code 50201-7947	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer 21st Century Rehab	Occupation PT	Aggregate Year-to-Date 1250.00		

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: PAGE 39 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Stephanie Riley
Mailing Address 330 Hawser Ln
City Naples State FL Zip Code 34102-5031
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 08 / 25 / 2010
Transaction ID: 36448608
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Frank Layman
Mailing Address PO Box 18
City Forest State VA Zip Code 24551-0018
FEC ID number of contributing federal political committee. **C**
Name of Employer RACV Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00
Date of Receipt 08 / 25 / 2010
Transaction ID: 36448811
Amount of Each Receipt this Period 625.00

C. Full Name (Last, First, Middle Initial)
Mr Joshua Allen Bailey
Mailing Address 20311B Timberlake Rd
City Lynchburg State VA Zip Code 24502-7203
FEC ID number of contributing federal political committee. **C**
Name of Employer Rehabilitation Associates of Central V Occupation PT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00
Date of Receipt 08 / 25 / 2010
Transaction ID: 36448935
Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Mr Andrew J. Tatom, III

Mailing Address 44 Clifton St

City Lynchburg State VA Zip Code 24501-1422

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

Name of Employer RACV Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 25 / 2010

Transaction ID: 36449063

Amount of Each Receipt this Period 625.00

B.

Full Name (Last, First, Middle Initial)
John Michael Wallman

Mailing Address 1184 Shadow Peak Rd

City Forest State VA Zip Code 24551-2665

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

Name of Employer Rehab Associates of Central Virginia Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 25 / 2010

Transaction ID: 36450600

Amount of Each Receipt this Period 625.00

C.

Full Name (Last, First, Middle Initial)
Kevin Cope

Mailing Address 44 Clifton St

City Lynchburg State VA Zip Code 24501-1422

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 ▼ 625.00

Date of Receipt 08 / 25 / 2010

Transaction ID: 36450715

Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional)	▶	1875.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Powell Richardson

Mailing Address 211 Kingston Dr

City State Zip Code
Forest VA 24551-2336

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

Name of Employer
Rehabilitation Associates of Central V

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 36450915

Amount of Each Receipt this Period
625.00

B.

Full Name (Last, First, Middle Initial)
Ms Harrison Fleming Hunt

Mailing Address 1126 Richie Farm Ln

City State Zip Code
Big Island VA 24526-3244

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

Name of Employer
Rehabilitation Associates of Central V

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 36451049

Amount of Each Receipt this Period
625.00

C.

Full Name (Last, First, Middle Initial)
Mr Joseph William Spagnolo

Mailing Address 1311 Valley Vista Ln

City State Zip Code
Forest VA 24551-4369

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

Name of Employer
Rehabilitation Associates of Central V

Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: 36451156

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mr Glenn P. Brown

Mailing Address 71 McBry Drive

City State Zip Code
Dover DE 19901-4407

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

Name of Employer Occupation
Self-Employed PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 36514700

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John D. Barnes

Mailing Address 1005 Hardee Place

City State Zip Code
Alexandria VA 22304-1719

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

Name of Employer Occupation
American Physical Therapy Association CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.99

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36514807

Amount of Each Receipt this Period
38.47

C.

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

Mailing Address 4782 Farndon Ct

City State Zip Code
Fairfax VA 22032-1913

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 ▼
362.08

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36514813

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► **307.71**

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

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

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

A.	Full Name (Last, First, Middle Initial) Mary Jane Harris	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 6500 Langleigh Way	Transaction ID: 36514816
	City State Zip Code Alexandria VA 22315-3454	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation APTA PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.08	

B.	Full Name (Last, First, Middle Initial) Kenneth Joseph Harwood	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 12551 Manderley Way	Transaction ID: 36514817
	City State Zip Code Herndon VA 20171-1828	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation APTA PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.08	

C.	Full Name (Last, First, Middle Initial) Karen Jost	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 400 Madison Street Unit 805	Transaction ID: 36514818
	City State Zip Code Alexandria VA 22314-1747	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation APTA PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional)	78.48
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 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Justin D Moore

Mailing Address 4819 1st St S

City State Zip Code
Arlington VA 22204-1315

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

Name of Employer Occupation
APTA PT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 653.99

Date of Receipt

MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36514819

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Michael P. Herbert

Mailing Address 394 Sycamore St

City State Zip Code
Tiffin OH 44883-3252

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

Name of Employer Occupation
PT Services Rehabilitation Inc. PT

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

Date of Receipt

MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 36516026

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William Philip Hopfinger

Mailing Address 78 Kenrick Plz

City State Zip Code
Saint Louis MO 63119-4414

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

Name of Employer Occupation
St. Louis Home Health PT

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

Date of Receipt

MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 36519437

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

788.47

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 45 / 52
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Paul G. Slocum

Mailing Address 8 Colony Dr

City State Zip Code
Mountain Top PA 18707-2219

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 ▼
275.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: 36519461

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
William Charles Walkey

Mailing Address 25 Forest Glen Ln SW

City State Zip Code
Lakewood WA 98498-5306

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

Name of Employer Functional Fitness Occupation
PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 36553721

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1551 16th Ave E

City State Zip Code
Seattle WA 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 ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36567469

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	775.00
TOTAL This Period (last page this line number only)	22477.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 46 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address Old Town Branch King Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 36732581
	Name of Employer		Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="959.08"/>
			Amount of Each Receipt this Period <input type="text" value="133.07"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="133.07"/>
TOTAL This Period (last page this line number only)	<input type="text" value="133.07"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends of Bill Romani Mailing Address P.O. Box 22642 City Baltimore State MD Zip Code 21230 Purpose of Disbursement Bill Romani, STATE HOUSE 46th MD Candidate Name Bill Romani Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 46 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36084771 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 2500.00 Bill Romani, STATE HOUSE 46th MD	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Citizens to Elect Sue Allen Mailing Address 702 Willow Spring Hill Court City Chesterfield State MO Zip Code 63017 Purpose of Disbursement Sue Allen, STATE HOUSE 92nd MO Candidate Name Sue Allen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 92 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36349202 Date of Disbursement 08 / 17 / 2010 Amount of Each Disbursement this Period 2000.00 Sue Allen, STATE HOUSE 92- nd MO	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Deb Lavender for State Representative Mailing Address P.O. Box 220571 City Kirkwood State MO Zip Code 63122 Purpose of Disbursement Deb Lavender, STATE HOUSE 94th MO Candidate Name Deb Lavender Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 94 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36349203 Date of Disbursement 08 / 17 / 2010 Amount of Each Disbursement this Period 2000.00 Deb Lavender, STATE HOUSE 94th MO	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement
Lost Check

Candidate Name
Rep. Thaddeus G. McCotter

Office Sought: House
 Senate
 President

State: MI District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 36109736
Date of Disbursement

08 / 10 / 2010

Amount of Each Disbursement this Period

-1000.00

Lost Check

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

Mailing Address PO Box 357

City Evansville State IN Zip Code 47703

Purpose of Disbursement

Candidate Name
Mr. William Van Haften

Office Sought: House
 Senate
 President

State: IN District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 36348927
Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement

Candidate Name
Rep. Michael H. Michaud

Office Sought: House
 Senate
 President

State: ME District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 36348928
Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

2000.00

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)

PAGE 49 / 52

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012	Transaction ID: 36348929 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO Box 848	Amount of Each Disbursement this Period 1500.00
	City State Zip Code Chattanooga TN 37401	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Robert Corker	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Markey For Congress	Transaction ID: 36348930 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO Box 1333	Amount of Each Disbursement this Period 3000.00
	City State Zip Code Fort Collins CO 80521	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Betsy Markey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Loebsack For Congress	Transaction ID: 36348938 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO Box 1457	Amount of Each Disbursement this Period 2000.00
	City State Zip Code Iowa City IA 52244	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. David Wayne Loebsack	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 52

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Christopher Murphy

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CT District: 05

Transaction ID: 36348989

Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Adam Schiff

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 27

Transaction ID: 36348990

Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

1500.00

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

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 36348991

Date of Disbursement

08 / 17 / 2010

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) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert	Transaction ID: 36348992 Date of Disbursement 08 / 18 / 2010
	Mailing Address P. O. Box 53322	Amount of Each Disbursement this Period 1000.00
	City Bellevue State WA Zip Code 98015	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David George Reichert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: 36349000 Date of Disbursement 08 / 17 / 2010
	Mailing Address 175 South West Temple Suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Robert Bennett	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 US Primary Debt
C.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona	Transaction ID: 36349001 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO Box 993	Amount of Each Disbursement this Period 1000.00
	City Prescott State AZ Zip Code 86302	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ann Kirkpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Virginia Foxx for Congress <hr/> Mailing Address P.O. Box 2776 <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement <hr/> Candidate Name Virginia Foxx <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36349002 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Moran For Kansas <hr/> Mailing Address P.O. Box 1151 <hr/> City Hays State KS Zip Code 67601 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Jerry Moran <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36352494 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Frank Pallone <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36355099 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

25500.00