

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

ADDRESS (number and street) 3030 Potomac Avenue, Suite 100
Check if different than previously reported. (ACC) Alexandria VA 22305

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 [M M] / [D D] / [Y Y Y Y Y Y] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of []

5. Covering Period [05] / [01] / [2026] through [05] / [31] / [2026]

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 Keen, David, , Mr,

Signature of Treasurer Keen, David, , Mr, Date [06] / [11] / [2026]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		<input type="text" value="695055.19"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="687252.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26993.78"/>	<input type="text" value="186321.99"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="714246.60"/>	<input type="text" value="881377.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48000.00"/>	<input type="text" value="215130.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="666246.60"/>	<input type="text" value="666246.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14284.08	78192.45
(ii) Unitemized	12001.07	104411.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26285.15	182603.70
(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)	26285.15	182603.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	708.63	3718.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	26993.78	186321.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26993.78	186321.99

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	213000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	2130.58
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48000.00	215130.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48000.00	215130.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26285.15	182603.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26285.15	182603.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Clarke, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6132 Los Fuentes Dr
 City El Paso State TX Zip Code 79912-6656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2026
Transaction ID : 91187359
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wallace, John, G., Mr, Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Eastway Rd
 City Decatur State GA Zip Code 30033-5544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WebPT Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : 91196844
 Amount of Each Receipt this Period 625.00
 Memo Item

C. Rowe, Robert, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1427 Azure Lane Apt 27104
 City Charleston State SC Zip Code 29414-8044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MUSC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 01 / 2026
Transaction ID : 91196845
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 917.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Faria, Ami, Elizabeth Ross, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 High St

City Exeter	State NH	Zip Code 03833-2922
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Powerback Rehabilitation	Occupation (for Individual) PT
---------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2026

Transaction ID : 91196846

Amount of Each Receipt this Period
83.35

Memo Item

B. Robinson, Rebecca, Cox, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 8043

City Statesboro	State GA	Zip Code 30460-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Georgia Southern University	Occupation (for Individual) PT
------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2026

Transaction ID : 91196847

Amount of Each Receipt this Period
42.00

Memo Item

C. Springer, David, William, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10314 S Baltimore Rd

City Spokane	State WA	Zip Code 99223-9401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwest Spine and Pain Medicine	Occupation (for Individual) PT
------------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2026

Transaction ID : 91196848

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Seif, Gretchen, A., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 Pierce St
 City Daniel Island State SC Zip Code 29492-7988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MUSC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2026
Transaction ID : 91196850
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hill, Shelli, Jean, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5106 S Mount Carmel Ave
 City Wichita State KS Zip Code 67217-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmer Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2026
Transaction ID : 91196851
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Norby, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Katrina Street PO Box 627
 City Arnolds Park State IA Zip Code 51331-7751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HomeTown Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 05 / 03 / 2026
Transaction ID : 91196852
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sanders, Barbara, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 Woodside Court
 City Villa Hills State KY Zip Code 41017-1478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas State University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2026
Transaction ID : 91196853
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Coughlin, Eric, Christopher, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1662 NE 13th St
 City Bend State OR Zip Code 97701-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 04 / 2026
Transaction ID : 91196854
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Katsiotis, Wendy, Ellen, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28534 Shana Place
 City Santa Clarita State CA Zip Code 91350-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2026
Transaction ID : 91196855
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
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 OF 57
(check only one)

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

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

A. DiFilippo, Anthony, Erminio, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23887 Lorain Rd

City North Olmsted	State OH	Zip Code 44070-2227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rehab Professionals of Cleveland	Occupation (for Individual) PT
-----------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
05 / 05 / 2026
Transaction ID : 91196859

Amount of Each Receipt this Period
42.00

Memo Item

B. Hagemeyer, Joshua, John, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 994 T St

City Springfield	State OR	Zip Code 97477-2302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Therapeutic Associates	Occupation (for Individual) PT
-------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 05 / 2026
Transaction ID : 91196860

Amount of Each Receipt this Period
42.00

Memo Item

C. Nielsen, John, Richard, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 890 Seneca Road
Suite 700

City Eugene	State OR	Zip Code 97402-6908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Therapeutic Associates	Occupation (for Individual) PT
-------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 05 / 2026
Transaction ID : 91196863

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.00
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 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jones, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2907 N. Warren Avenue
 City Oklahoma City State OK Zip Code 73107-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oklahoma City University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2026
Transaction ID : 91200845
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Seder, Bryan, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 S 4th St
 City Philadelphia State PA Zip Code 19106-4219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seder Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2026
Transaction ID : 91200848
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ayres, Leslie, Diane, Miss,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3837 Brookhaven Cir
 City Fort Worth State TX Zip Code 76109-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Texas Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2026
Transaction ID : 91200849
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Aikens, Andrew, R., Mr,			Date of Receipt MM / DD / YYYY 05 / 08 / 2026 Transaction ID : 91200850		
Mailing Address 1773 Star Batt Dr			Amount of Each Receipt this Period 100.00		
City Rochester Hills	State MI	Zip Code 48309-3708	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 605.00		
Name of Employer (for Individual) HealthQuest Physical Therapy		Occupation (for Individual) PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McMenam, Peter, J., Dr,			Date of Receipt MM / DD / YYYY 05 / 08 / 2026 Transaction ID : 91200851		
Mailing Address 130 N Garland Ct Apt 3805			Amount of Each Receipt this Period 100.00		
City Chicago	State IL	Zip Code 60602-4836	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) Northwestern University		Occupation (for Individual) PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gilbert, Brian, A, Mr,			Date of Receipt MM / DD / YYYY 05 / 09 / 2026 Transaction ID : 91200907		
Mailing Address 2238 Tradition Dr Ne			Amount of Each Receipt this Period 84.00		
City Grand Rapids	State MI	Zip Code 49505-3985	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 420.00		
Name of Employer (for Individual) The Center for Physical Rehab.		Occupation (for Individual) PT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	284.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DeStefano, Secili, Hurley, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43217 Lindsay Marie
 City Ashburn State VA Zip Code 20147-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 10 / 2026
Transaction ID : 91200911
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Falvey, Jason, Raymond, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Penn St AHRB 240D
 City Baltimore State MD Zip Code 21201-1082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 11 / 2026
Transaction ID : 91200914
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Covington, Kyle, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1113 Kalworth Rd
 City Wake Forest State NC Zip Code 27587-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Univesity Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 11 / 2026
Transaction ID : 91200915
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Chesbro, Steven, Bryce, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 839
 City St Michaels State MD Zip Code 21663-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : 91201959
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Moore, Justin, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : 91202018
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Martel, Julie, Marie, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36902 Lamphier St
 City Harrison Township State MI Zip Code 48045-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2026
Transaction ID : 91202271
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Aikens, Andrew, R., Mr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 05 / 05 / 2026
Transaction ID : 91202273
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Gerhardt, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67904 LAKE ANGELA DR
 City RICHMOND State MI Zip Code 48062-1687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthquest Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2026
Transaction ID : 91202294
 Amount of Each Receipt this Period 50.00
 Memo Item

C. White, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 Rock Bass Way
 City Soddy Daisy State TN Zip Code 37379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2026
Transaction ID : 91210465
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	121.00
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 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. McAnany, Robert, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 W 16th St
 City Hays State KS Zip Code 67601-3725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KUMC Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2026
Transaction ID : 91210473
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Connolly, Barbara, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 477 Spoonbill Ln
 City Melbourne Beach State FL Zip Code 32951-3269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211612
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ellis, Julie, A., Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 754 N College Rd STE D
 City Twin Falls State ID Zip Code 83301-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Physical Rehabilitation Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211613
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Appling, Susan, A., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2572 Bryden Rd

City Bexley	State OH	Zip Code 43209-2134
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Ohio State University	Occupation (for Individual) PT
----------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1070.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2026

Transaction ID : 91211818

Amount of Each Receipt this Period
500.00

Memo Item

B. Reed, Deborah, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 11th St Ste C

City Tell City	State IN	Zip Code 47586-2130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Rehabilitation Inc.	Occupation (for Individual) PT
-------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2026

Transaction ID : 91211833

Amount of Each Receipt this Period
1000.00

Memo Item

C. Pennisi, Angela, Wilson, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 Sherman Ave

City Evanston	State IL	Zip Code 60202-1764
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PhysioPartners	Occupation (for Individual) PT
-----------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2026

Transaction ID : 91211834

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fauchaux, Cristina, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Pointe Ave
 City Zachary State LA Zip Code 70791-7346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moreau Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211835
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Turner, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4133 Mohr Avenue #H
 City Pleasanton State CA Zip Code 94566-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Physical Therapy & Ergonomics Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211836
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DiAngelis, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6003 Hazelwood Ln SE
 City Bellevue State WA Zip Code 98006-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive PT Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211838
 Amount of Each Receipt this Period 100.00
 Memo Item

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 19 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lewis, William, Samuel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4811 119th Pl
 City Lubbock State TX Zip Code 79424-6179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Today Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211839
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sanders, Kelly, Marie, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Higuera Street #200
 City San Luis Obispo State CA Zip Code 93401-6135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Movement for Life Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211840
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sanders, Jason, Scott, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8090 Cristobal Avenue
 City Atascadero State CA Zip Code 93422-5164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Movement for Life Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211841
 Amount of Each Receipt this Period 100.00
 Memo Item

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 20 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gawenda, Rick, Anthony, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19324 Moriah Lane
 City Santa Clarita State CA Zip Code 91350-1336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Gawenda Seminars & Consulting PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211842
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Norman, Eva, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10678 Versailles Blvd
 City Wellington State FL Zip Code 33449-8085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Live Your Life Physical Therapy PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211843
 Amount of Each Receipt this Period 50.00
 Memo Item

C. John, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Liam Dr
 City Frisco State TX Zip Code 75034-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Greater Therapy Centers PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211844
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Caldwell, Thomas, J., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Creekside Terrace
 City Clemmons State NC Zip Code 27012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedics at Rush Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211848
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Johnson, Ryan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28951 Rockport Dr.
 City Laguna Niguel State CA Zip Code 92677-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Physical Art Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211849
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sayles, Erin, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Division Street
 City Pawtucket State RI Zip Code 02860-5352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highbar Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91211850
 Amount of Each Receipt this Period 50.00
 Memo Item

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 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tucker, Drew, Alan, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5100 Rich Rd

City Memphis	State TN	Zip Code 38117-2859
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regional One Health	Occupation (for Individual) PT
----------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.32

Date of Receipt
05 / 15 / 2026
Transaction ID : 91211851

Amount of Each Receipt this Period
34.00

Memo Item

B. Halili, Adi, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 268 E River Rd Ste 130

City Tucson	State AZ	Zip Code 85704-5842
----------------	-------------	------------------------

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

Name of Employer (for Individual) Halili Physical Therapy	Occupation (for Individual) PT
--------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 11 / 2026
Transaction ID : 91227125

Amount of Each Receipt this Period
500.00

Memo Item

C. Carlton, Thomas, J., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1233 E Jackson St

City Thomasville	State GA	Zip Code 31792-4748
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Big Oak Physical Therapy	Occupation (for Individual) PT
---------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 12 / 2026
Transaction ID : 91227154

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	619.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wellmon, Robert, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 W SOUTH AVE

City GLENOLDEN	State PA	Zip Code 19036-2422
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Widener University	Occupation (for Individual) PT
---------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2026

Transaction ID : 91227156

Amount of Each Receipt this Period
250.00

Memo Item

B. John, Linda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4482 Liam Dr

City Frisco	State TX	Zip Code 75034-8431
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greater Therapy Centers	Occupation (for Individual) PT
--------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2026

Transaction ID : 91227158

Amount of Each Receipt this Period
450.00

Memo Item

C. Black, Joe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1532 Nathan Hills Cir

City Maryville	State TN	Zip Code 37801-8981
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Total Rehabilitation	Occupation (for Individual) PT
-----------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2026

Transaction ID : 91227159

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Catalino, Tricia, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1821 Tropical Breeze Dr
 City Las Vegas State NV Zip Code 89117-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaii Pacific University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 13 / 2026
Transaction ID : 91227160
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Archer, Thomas, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1062 Summitridge Drive
 City Diamond Bar State CA Zip Code 91765-4364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Full Body Function Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2026
Transaction ID : 91227215
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Serra, Kimberly, Marie, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Bay Spring Ave Unit A2
 City Barrington State RI Zip Code 02806-1385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Serra Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91227221
 Amount of Each Receipt this Period 50.00
 Memo Item

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 25 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Moffett, Katrin, Hurley, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 Huajatolla Valley Estates Dr
 City La Veta State CO Zip Code 81055-9623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2026
Transaction ID : 91227222
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rivard, Jim, Ronald, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 12th Ave
 City Seattle State WA Zip Code 98122-5509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MTI Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2026
Transaction ID : 91227223
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Stenslie, Kathryn, B., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Wildwood Cir
 City Columbus State GA Zip Code 31906-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HPRC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2026
Transaction ID : 91227226
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 57
	<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	<input type="checkbox"/> 17

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

A. Chancler, Colleen, E., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 N Kirklyn Ave

City Upper Darby	State PA	Zip Code 19082-1027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Widener University	Occupation (for Individual) PT
---------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2026

Transaction ID : 91227228

Amount of Each Receipt this Period
41.67

Memo Item

B. Altekruise, Gail, A., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8203 Ravinia Rd

City Fort Wayne	State IN	Zip Code 46825-3430
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Parkview Health	Occupation (for Individual) PT
------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2026

Transaction ID : 91227229

Amount of Each Receipt this Period
100.00

Memo Item

C. Bandy, William, D., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Retired	Occupation (for Individual) PT
----------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2026

Transaction ID : 91227231

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.67
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: (check only one)	PAGE 27 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Osborne, Kim, Louise, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4612 Adobe Dr

City Lovington	State NM	Zip Code 88260-8421
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Therapy Services Associates	Occupation (for Individual) PT
------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2026

Transaction ID : 91227233

Amount of Each Receipt this Period
84.00

Memo Item

B. Cole, Douglas, Edwin, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4435 Village Green Way

City Hoover	State AL	Zip Code 35226-4177
----------------	-------------	------------------------

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

Name of Employer (for Individual) Therapy South	Occupation (for Individual) PT
----------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2026

Transaction ID : 91227235

Amount of Each Receipt this Period
100.00

Memo Item

C. Graham, Patrick, Donovan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6453 Spring Water Dr

City Columbus	State GA	Zip Code 31904-2982
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HPRC	Occupation (for Individual) PT
-------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2026

Transaction ID : 91227282

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	267.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kruger, Eric, Stephen, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 University of New Mexico
 City Albuquerque State NM Zip Code 87131-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2026
Transaction ID : 91230107
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bishop, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10621 S. Dunmoor Drive
 City Silver Spring State MD Zip Code 20901-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241355
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Chesbro, Steven, Bryce, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 839
 City St Michaels State MD Zip Code 21663-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241356
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	312.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Contreras, Andrew, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7909 Glenbarr Ct
 City Fairfax Station State VA Zip Code 22039-3166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Physical Therapy Association Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241357
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Elliott, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Kalorama Road, NW Suite 214
 City Washington State DC Zip Code 20009-3507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241359
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Keen, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10153 Red Spruce Road
 City Fairfax State VA Zip Code 22032-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241363
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Matlack, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 19th Street South
 City Arlington State VA Zip Code 22204-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.40

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241364
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Moore, Justin, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) APTA Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241365
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Pahmer, Allyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3353 S. Stafford Street Apt A-1
 City Arlington State VA Zip Code 22206-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APTA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 22 / 2026
Transaction ID : 91241366
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	191.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Turner, Marissa, Jill, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 Aikpa St.
 City Kailua State HI Zip Code 96734-1651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jaco Rehab Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2026
Transaction ID : 91253665
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Falvey, Jason, Raymond, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Penn St AHRB 240D
 City Baltimore State MD Zip Code 21201-1082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 25 / 2026
Transaction ID : 91255160
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wedewer, Wesley, John, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 Wyatt Dr
 City Peosta State IA Zip Code 52068-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physical Therapy Solutions Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2026
Transaction ID : 91255162
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 32 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dyson, Jamie, J., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13025 Royal Fern Dr
 City Orlando State FL Zip Code 32828-7721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Central Florida Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 05 / 28 / 2026
Transaction ID : 91255165
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Massumi, Cameron, John, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46558 Broadspear Terrace
 City Sterling State VA Zip Code 20165-6459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optimal Motion, LLC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2026
Transaction ID : 91255169
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Carter, Eileen, Rodri, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6402 Alton
 City Lucama State NC Zip Code 27851-9236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91263572
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Knight, William, Arthur, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1773 Star Batt Dr
 City Rochester Hills State MI Zip Code 48309-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthQuest Physical Therapy and Welln Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91263573
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gorman, Ira, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Mary Beth Rd
 City Evergreen State CO Zip Code 80439-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regis University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91263574
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Jankowski, Jeffrey, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8204 S Florence Ave
 City Tulsa State OK Zip Code 74137-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carter Home Healthcare Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 292.00

Date of Receipt 05 / 23 / 2026
Transaction ID : 91294887
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 34 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Glasser, Keith, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Sw 10th Ave Ste 101
 City Portland State OR Zip Code 97205-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optimal Results Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 24 / 2026
Transaction ID : 91294888
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Bradley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Yorklyn Rd Ste 150
 City Hockessin State DE Zip Code 19707-8729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Performance Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2026
Transaction ID : 91294889
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Pearlmutter, Lori, Lewis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 23803
 City Flagstaff State AZ Zip Code 86002-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Central Arizona Accountable Care Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 24 / 2026
Transaction ID : 91294890
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 57
	<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-PAC)

A. Arnett, Laura, Lynne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1258 Francis Ave
 City Halethorpe State MD Zip Code 21227-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2026
Transaction ID : 91294892
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Clynych, Holly, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18220 Ginavale Ln
 City Eden Prairie State MN Zip Code 55346-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Catherine University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 24 / 2026
Transaction ID : 91294893
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bates, Michael, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Yellow Wood Way
 City Beckley State WV Zip Code 25801-7126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BODYWORKS Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 25 / 2026
Transaction ID : 91294895
 Amount of Each Receipt this Period 150.00
 Memo Item

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 36 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Talley, Susan, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 W Drayton St
 City Ferndale State MI Zip Code 48220-2744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan-Flint Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 25 / 2026
Transaction ID : 91294896
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Davis, Troy, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Hillcrest Street
 City El Segundo State CA Zip Code 90245-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Davis and DeRosa Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2026
Transaction ID : 91294899
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Parker-Guerrero, Kim, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Three Cross Dr
 City Roswell State NM Zip Code 88201-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern New Mexico Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 28 / 2026
Transaction ID : 91294900
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hays, Belinda, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Seymour State IN Zip Code 47274-3792

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

Name of Employer (for Individual) Progressive Physical Therapy Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 28 / 2026
Transaction ID : 91294901

Amount of Each Receipt this Period 150.00

Memo Item

B. Bridge, Patrick, Michael, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19129 Willamette Dr

City West Linn State OR Zip Code 97068-2019

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

Name of Employer (for Individual) Therapeutic Associates Occupation (for Individual) PT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 29 / 2026
Transaction ID : 91294903

Amount of Each Receipt this Period 41.67

Memo Item

C. Kemper Picard, Kathleen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2249 River Rd S

City Lakeland State MN Zip Code 55043-9775

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) PT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91294908

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tarro, Cathleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8301 44th St W
 City University Place State WA Zip Code 98466-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tacoma Lutheran Home Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91294909
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Balcerak, Brett, Jerome, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Dow Reef Dr.
 City Beach City State TX Zip Code 77523-9077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PhysioStaff, LLC Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91294910
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Zimmerman, Jeffrey, J., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2728 N. 108th St. Suite 103
 City Omaha State NE Zip Code 68164-3763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialized Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2026
Transaction ID : 91294911
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Harris, David, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8110 Island Point Drive
 City Harrison State TN Zip Code 37341-7619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upstream Rehabilitation Occupation (for Individual) PTA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 05 / 30 / 2026
Transaction ID : 91294915
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Capetta, Maryclaire, Sullivan, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Beacon Hill Dr
 City Storrs Mansfield State CT Zip Code 06268-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Connecticut Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 01 / 2026
Transaction ID : 91294932
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bourassa, Stefanie, Lyn, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Sam St
 City Enfield State CT Zip Code 06082-5758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford Hospital Rehabilitation Netwo Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 06 / 2026
Transaction ID : 91294939
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	484.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Johnson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 W Minnehaha Pkwy
 City Minneapolis State MN Zip Code 55419-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapy Partners Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2026
Transaction ID : 91294940
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Donovan, Jennifer, Skye, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 N Dinwiddie St
 City Arlington State VA Zip Code 22207-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marymount University Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2026
Transaction ID : 91294941
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Riley, Michael, Robert, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 Frank Scott Parkway Suite 930
 City Belleville State IL Zip Code 62223-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Professional Therapy Services Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 15 / 2026
Transaction ID : 91294955
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Cummings, Bryan, Thomas, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W10949 W Harmony Dr

City Lodi	State WI	Zip Code 53555-1516
--------------	-------------	------------------------

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

Name of Employer (for Individual) New Life Physical Therapy	Occupation (for Individual) PT
----------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2026

Transaction ID : 91294958

Amount of Each Receipt this Period
25.00

Memo Item

B. Meade, Alan, Vance, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 White St

City Kingsport	State TN	Zip Code 37664-2052
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Holston Medical Group Rehab Services	Occupation (for Individual) PT
---------------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2026

Transaction ID : 91294962

Amount of Each Receipt this Period
25.00

Memo Item

C. Bohanon, Thomas, Jerry, Mr, Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5437 Wintergreen Rd

City Glen Allen	State VA	Zip Code 23060-9236
--------------------	-------------	------------------------

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

Name of Employer (for Individual) InMotion Physical Therapy	Occupation (for Individual) PT
----------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
258.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2026

Transaction ID : 91316205

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.67
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: (check only one)	PAGE 42 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Campbell, Angela, Abeyta, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Sunset Farm Rd
 City West Hartford State CT Zip Code 06107-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Springfield College Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.31

Date of Receipt 05 / 22 / 2026
Transaction ID : 91316215
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Jennings, Heather, Renee, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Vfw Pkwy
 City West Roxbury State MA Zip Code 02132-4927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Veterans Affairs Hospital Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.35

Date of Receipt 05 / 22 / 2026
Transaction ID : 91316251
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Miller, Mary, Katherine, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2A Baldwin Place Apartment 3
 City Boston State MA Zip Code 02113-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Center Occupation (for Individual) PT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 22 / 2026
Transaction ID : 91316277
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Tucker, Drew, Alan, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 Rich Rd
 City Memphis State TN Zip Code 38117-2859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional One Health Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.65

Date of Receipt 05 / 22 / 2026
Transaction ID : 91316329
 Amount of Each Receipt this Period 8.33
 Memo Item

B. Gilbert, Jeanne, Marie, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2440 Gold Star Hwy Unit 201
 City Mystic State CT Zip Code 06355-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independence Physical Therapy Occupation (for Individual) PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 20 / 2026
Transaction ID : 91316534
 Amount of Each Receipt this Period 300.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.33
TOTAL This Period (last page this line number only).....	14284.08

**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 44 OF 57
<input 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 checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
A. First National Bank		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
Mailing Address 4140 E. State Street		05 / 29 / 2026
City	State	Zip Code
Hermitage	PA	16148
FEC ID number of contributing federal political committee.		Transaction ID : 91312284
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="text"/> 481.85
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 2720.78	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
B. Wells Fargo Bank, N.A.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
Mailing Address P.O. box 63020		05 / 29 / 2026
City	State	Zip Code
San Francisco	CA	94163
FEC ID number of contributing federal political committee.		Transaction ID : 91312289
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="text"/> 226.78
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 997.51	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
C.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		
Occupation (for Individual)		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	<input type="text"/> 708.63
TOTAL This Period (last page this line number only).....	<input type="text"/> 708.63

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rob For Pa

Mailing Address 11 Dock St Box 971

City Pittston State PA Zip Code 18640

Purpose of Disbursement

011

Candidate Name

Bresnahan, Rob., , Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00852137

Transaction ID : 91180260

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Case For Congress

Mailing Address Asb Tower Suite 2200

City Honolulu State HI Zip Code 96813

Purpose of Disbursement

011

Candidate Name

Case, Ed., , Mr.,

Category/
Type

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

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00382978

Transaction ID : 91180262

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Candidate Name

Heinrich, Martin, , ,

Category/
Type

Office Sought: House
 Senate
 President
State: NM District:

Disbursement For: 2030
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00434563

Transaction ID : 91180264

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2026

FEC Identification Number

C C00408534

Transaction ID : 91180265

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Maxine For Congress

Mailing Address PO Box 12209

City
Portland

State
OR

Zip Code
97212

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dexter, Maxine, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify)

State: OR District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2026

FEC Identification Number

C C00859108

Transaction ID : 91180267

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mike, , Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2026

FEC Identification Number

C C00474189

Transaction ID : 91180268

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mann For Congress

Mailing Address PO Box 1084

City
Salina

State
KS

Zip Code
67402-1084

Purpose of Disbursement

011

Candidate Name

Mann, Tracey, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00460659

Transaction ID : 91180270

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114 #237

City
Altoona

State
PA

Zip Code
16602

Purpose of Disbursement

011

Candidate Name

Joyce, John, , Rep., Dr.

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00674259

Transaction ID : 91180271

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta For Congress

Mailing Address PO Box 103

City
Carmel Valley

State
CA

Zip Code
93924

Purpose of Disbursement

011

Candidate Name

Panetta, Jimmy, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00592154

Transaction ID : 91180272

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lois Frankel For Congress

Mailing Address PO Box 812421

City
Boca Raton

State
FL

Zip Code
33481

Purpose of Disbursement

011

Candidate Name

Frankel, Lois, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2026

FEC Identification Number

C C00494856

Transaction ID : 91180273

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chrissy Houlahan For Congress

Mailing Address PO Box 222

City
Devon

State
PA

Zip Code
19333

Purpose of Disbursement

011

Candidate Name

Houlahan, Chrissy, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify)

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2026

FEC Identification Number

C C00637371

Transaction ID : 91180274

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pat Ryan For Congress

Mailing Address PO Box 2113

City
Kingston

State
NY

Zip Code
12402

Purpose of Disbursement

011

Candidate Name

Ryan, Pat, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2026

FEC Identification Number

C C00815290

Transaction ID : 91180275

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Valadao For Congress

Mailing Address 5132 North Palm Avenue
#227

City Fresno State CA Zip Code 93704

Purpose of Disbursement

011

Candidate Name

Valadao, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2026

FEC Identification Number

C C00499392

Transaction ID : 91180277

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement

011

Candidate Name

Carbajal, Salud, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2026

FEC Identification Number

C C00576041

Transaction ID : 91180278

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gabe Vasquez For Congress

Mailing Address Drawer L

City Mesilla State NM Zip Code 88046

Purpose of Disbursement

011

Candidate Name

Vasquez, Gabe, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2026

FEC Identification Number

C C00789404

Transaction ID : 91180280

Amount of Each Disbursement this Period

2500.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kristen For Michigan

Mailing Address PO Box 854

City
Bay City

State
MI

Zip Code
48707

Purpose of Disbursement

011

Candidate Name

McDonald Rivet, Kristen, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C00864207

Transaction ID : 91180281

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Janelle Bynum For Congress

Mailing Address 10121 Se Sunnyside Rd., #300

City
Clackamas

State
OR

Zip Code
97015

Purpose of Disbursement

011

Candidate Name

Bynum, Janelle, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C00843425

Transaction ID : 91180282

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dave Min For Congress

Mailing Address PO Box 5959

City
Irvine

State
CA

Zip Code
92616

Purpose of Disbursement

011

Candidate Name

Min, Dave, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C00831537

Transaction ID : 91180283

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rounds For Senate

Mailing Address PO Box 250

City
Pierre

State
SD

Zip Code
57501

Purpose of Disbursement

011

Candidate Name

Rounds, Mike, , ,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: SD

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00532465

Transaction ID : 91180285

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aaron Bean for Congress

Mailing Address 2640A Mitcham Drive

City
Tallahassee

State
FL

Zip Code
32308

Purpose of Disbursement

011

Candidate Name

Bean, Aaron, , ,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: FL

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00816983

Transaction ID : 91180286

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement

011

Candidate Name

Bera, Ami, , Rep., M.D.

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: CA

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00461061

Transaction ID : 91180287

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bonamici For Congress

Mailing Address PO Box 1632

City
Beaverton

State
OR

Zip Code
97075

Purpose of Disbursement

011

Candidate Name

Bonamici, Suzanne, , Ms.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00500421

Transaction ID : 91180288

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address PO Box 250200

City
Brooklyn

State
NY

Zip Code
11225

Purpose of Disbursement

011

Candidate Name

Clarke, Yvette, D., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: NY District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00415331

Transaction ID : 91180290

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cohen For Congress

Mailing Address 349 Kenilworth Place

City
Memphis

State
TN

Zip Code
38112

Purpose of Disbursement

011

Candidate Name

Cohen, Steve, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C C00422980

Transaction ID : 91180291

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Vicente Gonzalez For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

Mailing Address PO Box 6270

City Brownsville	State TX	Zip Code 78523
---------------------	-------------	-------------------

FEC Identification Number

C C00592659

Transaction ID : 91180292

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gonzalez, Vicente, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 34

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

Mailing Address PO Box 1875

City Southern Pines	State NC	Zip Code 28388
------------------------	-------------	-------------------

FEC Identification Number

C C00504522

Transaction ID : 91180294

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: NC District: 09

Full Name (Last, First, Middle Initial)

C. Kelly For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

Mailing Address Post Office Box 7092

City Tupelo	State MS	Zip Code 38802
----------------	-------------	-------------------

FEC Identification Number

C C00573980

Transaction ID : 91180295

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Trent, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MS District: 01

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

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

3000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lawler For Congress, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	2	6		

Mailing Address PO Box 137

City Chappaqua State NY Zip Code 10514

FEC Identification Number

C C00815415

Transaction ID : 91180297

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Lawler, Mike, , Rep.,

Office Sought: House Senate President
State: NY District: 17

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Miller-Meeks For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	2	6		

Mailing Address PO Box 33

City Ottumwa State IA Zip Code 52501

FEC Identification Number

C C00558825

Transaction ID : 91180298

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Miller-Meeks, Mariannette, , Rep., MD

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

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	2	6		

Mailing Address PO Box 541

City Belleville State KS Zip Code 66935

FEC Identification Number

C C00458315

Transaction ID : 91180299

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Moran, Jerry, ,

Office Sought: House Senate President
State: KS District:

Disbursement For: 2028
 Primary General
 Other (specify) ▼

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

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

3	0	0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pingree For Congress

Mailing Address PO Box 17613

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement

011

Candidate Name

Pingree, Chellie, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C00433391

Transaction ID : 91180301

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 1566

City
Indio

State
CA

Zip Code
92202

Purpose of Disbursement

011

Candidate Name

Ruiz, Raul, , Rep., M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: CA District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C00502575

Transaction ID : 91180302

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Adrian Smith For Congress

Mailing Address 1126 Avenue A
Ste 6

City
Scottsbluff

State
NE

Zip Code
69361-3563

Purpose of Disbursement

011

Candidate Name

Smith, Adrian, M., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C00412890

Transaction ID : 91180303

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Smucker For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

Mailing Address 824 S Millledge Ave
Ste 101

City Athens State GA Zip Code 30605

FEC Identification Number

C C00599464

Transaction ID : 91180304

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smucker, Lloyd, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 10

Full Name (Last, First, Middle Initial)

B. Melanie For New Mexico

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

Mailing Address PO Box 51493

City Albuquerque State NM Zip Code 87181

FEC Identification Number

C C00765099

Transaction ID : 91180305

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stansbury, Melanie, , Rep., Dr.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

C. Torres For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

Mailing Address PO Box 580303

City Bronx State NY Zip Code 10458

FEC Identification Number

C C00699744

Transaction ID : 91180306

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Torres, Ritchie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: NY District: 15

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

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jacqui Irwin For Congress

Mailing Address PO Box 7852

City
Thousand Oaks

State
CA

Zip Code
91359

Purpose of Disbursement
Void of 3/23/2026 contibution

011

Candidate Name

Irwin, Jacqui, , Hon.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

FEC Identification Number

C C00933630

Transaction ID : 91217773

Amount of Each Disbursement this Period

-	5	0	0	0	0
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Memo Item Void of 3/23/2026 contibution

Full Name (Last, First, Middle Initial)

B. Jacqui Irwin For Congress

Mailing Address PO Box 7852

City
Thousand Oaks

State
CA

Zip Code
91359

Purpose of Disbursement

011

Candidate Name

Irwin, Jacqui, , Hon.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

FEC Identification Number

C C00933630

Transaction ID : 91217780

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

4	8	0	0	0	0
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